

(1) PLACE OF BIRTH

County of Darlington
 Township of Ruford Bridge
 or
 Town of Alco St
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only
37250

Registration District No. 4. D. J. Registered No. 127
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11-22-22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Melvin Tail
 (9) PRESENT POSTOFFICE OF FATHER Alco St
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Darlington Co S.C.
 (13) OCCUPATION Lumberman
 (14) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Angie Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Alco St
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Darlington Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born alive & stillborn on the date above stated. (Hour A. M. or P. M.) 10:15 P.M.
 (23) (Signature) L. H. Hart
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Alco St

Given name added from a supplemental report
 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 1 1922 (28) J. E. Bennett Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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