

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Wangueby
 Township of Hebern
 or
 Inc. Town of.....
 or
 City of

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

Registration District No. 3608 Registered No. 34
 (For use of Local Registrar)

File No.—For State Registrar Only
19689

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Urgel Blue Charles (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 24 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Barney Charles
 (9) PRESENT POSTOFFICE OF FATHER Neess S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Wangueby County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Charles
 (15) PRESENT POSTOFFICE OF MOTHER Neess S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE Wangueby County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Neess S.C.

Given name added from a supplemental report.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 13 1922 (28) H. H. Livingston 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.