

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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		CERTIFICATE OF BIRTH		File # 22 050176	
County of <u>Bamberg</u>		STATE OF SOUTH CAROLINA			
Township of <u>Fish Pond</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>402</u>		Registered No. <u>28</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Justeen Mack</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u>	(6) Number in order of birth <u>2</u>	(8) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 27, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jeff Mack</u>			(14) NAME BEFORE MARRIAGE <u>Annie White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Branchville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>46</u>			(18) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
				(Year) (Year)	
(12) BIRTHPLACE <u>Barnwell, S.C.</u>			(18) BIRTHPLACE <u>Bamberg, S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>.....</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Darcus White,</u>			(25) Address of Physician or Midwife <u>Branchville</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness <u>.....</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>May 8, 1922</u> (28) <u>J. C. Smoak</u> Local Registrar		
..... 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.