

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chesterfield  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3661

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

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie Gnehl (If child is not yet named, make supplemental report as directed)

(3) ~~BOY OR GIRL~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 22, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. J. C. Gnehl  
 (9) PRESENT POSTOFFICE OF FATHER Mc Bee & Co  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION forming  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maria D. Gnehl  
 (15) PRESENT POSTOFFICE OF MOTHER Mc Bee & Co  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION forming  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... Colored ... at 11 ... A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Annie Wilson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
3/2  
 (27) Filed 19 (28) J. H. Gnehl 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.