

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.
 W. M.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, a FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
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(1) PLACE OF BIRTH
 County of Laurin
 Township of Sullivan
 or
 Inc. Town of
 City of (No.-54; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
35271

Registration District No. 2906 Registered No. 71
 (For use of Local Registrar)

(2) Full Name of Child Lady Putnam (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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 19 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Gas Putnam
 (9) PRESENT POSTOFFICE OF FATHER Gray Court S.C. 4
 (10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 49
(Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER
 (14) NAME BEFORE MARRIAGE Callie Bailus
 (15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C. 4
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29
(Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born 11:0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Stewart
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

 19 22 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Oct 24 1922 (28) Wm. D. Sullivan 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.