

3
 IN CASE OF TWINS OR TRIPLETS, GIVE NAME OF EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cedar Creek
 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

1724

Registration District No. 2802

Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Mildred Agner Caruth

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Osway Caruth</u>	(14) NAME BEFORE MARRIAGE	<u>Mamie Rollings</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Heath Springs</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Heath Springs</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY (Years)	<u>22</u>	(17) AGE AT LAST BIRTHDAY (Years)	<u>16</u>
(12) BIRTHPLACE	<u>Lancaster Co</u>	(18) BIRTHPLACE	<u>Fairfield Co</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. R. Benson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wm. R. Benson Lancaster

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 18, 1922 (28) W. A. Caruth
 Registrar 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.