

MARGIN RESERVED FOR RECORD.

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of York		STATE OF SOUTH CAROLINA		87890	
Township of Bethesda		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. 4401		Registered No. 242	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. St. Ward			
(2) Full Name of Child <u>Manus Christolm</u> <small>If child is not yet named, make supplemental report as directed</small>					
(3) <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Christolm</u>			(14) NAME BEFORE MARRIAGE <u>Martha Christolm</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>M^c Connellsville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>M^c Connellsville, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY.....		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY.....	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm laborer</u>			(19) OCCUPATION <u>House & field work</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was..... at <u>8</u> A.M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Sarah Lightner</u>			(25) Address of Physician or Midwife <u>M^c Connellsville, S.C.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness <u>S. H. Love</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
19..... Registrar			(27) Filed <u>Dec 2</u> 19 <u>16</u> (28) <u>S. H. Love</u> 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.					

MADE IN COLUMBIA, S. C.