

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, 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.

MOBAY OF COLUMBIA, COLUMBIA B. C.

(1) PLACE OF BIRTH

County of Sumter  
Township of Mayesville  
or  
Inc. Town of Mayesville  
or  
City of .....

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

File No.—For State Registrar Only  
**20307**

Registration District No 41.52 Registered No. 54  
(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 Mr. Betty E. Leane Pogue

3 BOY OR GIRL? Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 17, 1922  
(Name of Month (Day) (Year))

FATHER.  
8 FULL NAME P. Pogue  
9 PRESENT POSTOFFICE OF FATHER Mayesville  
10 COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 39 (Years)  
12 BIRTHPLACE Mayesville  
13 OCCUPATION Farmer  
14 Number of children born to mother, including present birth 5

MOTHER.  
14 NAME BEFORE MARRIAGE Ladie M. Wilson  
15 PRESENT POSTOFFICE OF MOTHER Mayesville  
16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
18 BIRTHPLACE Spearsburg  
19 OCCUPATION Domestic  
20 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Betty E. Leane Pogue (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville

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

(26) Witness P. Pogue  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 20, 1922 (28) P. Pogue 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.