

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND  
 IN CASE OF TWINS OR TRIPLETS, NO. 1. THE OTHER, NO. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Charleston  
 Township of Beaufort  
 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  
654

Registration District No. 913 Registered No. ....  
 (For use of Local Registrar)

City of ..... (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 William Sackett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 24, 1922  
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Sackett</u>	(14) NAME BEFORE MARRIAGE <u>John Sackett</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Martins Pond S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Martins Pond S.C.</u>	(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>Beaufort</u>	(19) OCCUPATION <u>Farmer</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
(12) BIRTHPLACE <u>Beaufort</u>	(13) OCCUPATION <u>Farmer</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sacki Sweetman (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Martins Pond S.C.

Given name added from a supplemental report William Sackett  
 ..... 19 .....  
 Registrar  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. H. Wilson  
 (27) Filed Feb 10 19 ..... (28) 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.

Misses of Columbia, Columbia, S. C.