

(1) PLACE OF BIRTH

County of *Marlboro*
 Township of *Brightsville*
 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

43724

Registration District No. *3302* Registered No. *68*
 (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 *P. J. Regius*

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 *12 24 22*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Pat Regius*
 (9) PRESENT POSTOFFICE OF FATHER *Gibson NC*
 (10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *19* (Years)
 (12) BIRTHPLACE *DC*
 (13) OCCUPATION *Farm work*
 (20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Jessie Davis*
 (15) PRESENT POSTOFFICE OF MOTHER *Gibson NC*
 (16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *14* (Years)
 (18) BIRTHPLACE *DC*
 (19) OCCUPATION *Farm work*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Flora Jackson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Bennettsville SC*

Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed *Jan 9* 19 *23* (28) *Probst* 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.