

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH 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.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orangeburg
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
16257

Registration District No. 3613 Registered No. 53
(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 Mattie Love Akint
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 1, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(5) FULL NAME <u>Thomas Allen</u>			(14) NAME BEFORE MARRIAGE <u>Julia Lucas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>	
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg Co</u>			(18) BIRTHPLACE <u>Orangeburg Co</u>	
(13) OCCUPATION <u>Farm Help.</u>			(19) OCCUPATION <u>Farm Help.</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 alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Allen
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed May 20, 1922 (28) A. L. Faney 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.

19. Registrar (27) Filed June 3, 1922 (28) W. D. Jones 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.