

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, 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.

(1) PLACE OF BIRTH

County of Barnwell

Township of Long Creek

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution give name of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28962

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Marna Curtis Phelan

child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sep 24 22

To be answered only in event of Twin or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Edwin Ford Gordon Black

(14) NAME BEFORE MARRIAGE Matthe Susan Still

(9) PRESENT POSTOFFICE OF FATHER Barnwell

(15) PRESENT POSTOFFICE OF MOTHER Barnwell

(10) COLOR OR RACE White

(16) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25

(17) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Barnwell Co

(18) BIRTHPLACE Barnwell Co

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Phelan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 19 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.

*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.