

MARGIN RESERVED FOR BINDING.
 WRITES PLAINLY, WITH UNFADING INK—FILL IN 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 Berkley
 Township of St. James
 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

41086

Registration District No. Registered No.
 (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 Lester A. Litchfield If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 13, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. W. Litchfield
 (9) PRESENT POSTOFFICE OF FATHER Camestown
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Berkley Co
 (13) OCCUPATION Post master
 (20) Number of children born to mother, including present birth five

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Griffin
 (15) PRESENT POSTOFFICE OF MOTHER Camestown
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Berkley Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 P. (M.,
 on the date above stated. Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. L. G. Wilson (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 12/16 1922 (28) E. M. Ward 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.