

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH EXPANDING INTERLINES IN A PERMANENTLY REPRODUCED
N. B.—In case of TWINS, TRIPLETS, or other multiple births, fill in all columns, and mark the
REGISTRY OF COLORADO, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry
Township of Gallatinville
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
15329

Registration District No. 15.05 Registered No. 50
(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 Alise Fern If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 22, 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME W. C. Cack Fore
9. PRESENT POSTOFFICE OF FATHER Horry
10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
12. BIRTHPLACE Horry (Years)
13. OCCUPATION Forming

MOTHER.

(14) NAME BEFORE MARRIAGE Deller F. Minnaway
(15) PRESENT POSTOFFICE OF MOTHER Horry
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Horry (Years)
(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alise at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beatrice Fore

Given name added from a supplemental report

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

19 Registrar

(27) Filed May 27, 1922 (28) Chas. M. Higgins 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.

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