

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 Charleston
Township of
or
Inc. Town of West Pleasant St
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

594

Registration District No. 9-73 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child Correll, Landon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? 1 (7) DATE OF BIRTH May 1, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Correll, Landon
(9) PRESENT POSTOFFICE OF FATHER Wadsworth St
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Toba
(13) OCCUPATION Labr
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Gami
(15) PRESENT POSTOFFICE OF MOTHER West Pleasant St
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Orton
(19) OCCUPATION Labr
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife West Pleasant St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 11, 1922 (28) James H. ... 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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