

MARGIN REMOVED FOR BINDING.
 WHERE CLAIMED: THIS STATE USE A MAINTAIN BLANK FOR STATE PURPOSES, and mark the
 N. B. - in case of PARTURITION, No. 1. TIME OF BIRTH, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
 County of Beaufort
 Township of St. Helena
 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
3211

Registration District No. 604 Registered No. 21
 (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 Olivia Middleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 70 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 8, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Doz Don't Know
 (9) PRESENT POSTOFFICE OF FATHER X
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year) X
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 1 3

MOTHER
 (14) NAME BEFORE MARRIAGE Gracie Middleton
 (15) PRESENT POSTOFFICE OF MOTHER Fragmore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Year) 21
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 A.M. on the date above stated. (Born Alive or Stillborn) (Hour A.M. or P.M.)
 (23) (Signature) Flora Scott & Fragmore S.C.
 (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 Feb. 15, 1922 (28) J. B. Shaw Local Registrar
 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.