

THIS IS A PERMANENT RECORD. 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 8.

(1) PLACE OF BIRTH

County of Marlboro,.....
Township of Smithville,....
OR
Inc. TOWNE 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

19492

Registration District No. 3306... Registered No. 52.....
(For use of Local Registrar)

(No. St.; 25 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ressie Lerviner,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Calvin Lerviner,

(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C.

(10) COLOR OR RACE White, (11) AGE AT LAST BIRTHDAY 33.....
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer,

(20) Number of children born to mother, including present birth { 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Kinnie McLain,

(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.

(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 25.....
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Work,

(21) Number of children of this mother now living, including present birth { 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 5 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kellock, S.C.

Given name added from a supplemental report

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

(27) Filed June, 15, 1922. (28) W. H. Priest
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.