

MARGIN RESERVE FOR BINDING.
 WHITE PLAIN, N. H.—In this space, on separate sheets, indicate the sex, date of birth, and name of child, and mark the
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(1) PLACE OF BIRTH

County of Anderson
 Township of Barren
 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

3107

Registration District No. 315 Vol. 4 Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
 St. _____ Ward _____

(2) Full Name of Child Clara Margaret (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 Jan 24 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. A. Ewart
 (9) PRESENT POSTOFFICE OF FATHER Liberty, I.C. R#2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE I.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Owens
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, I.C. #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE I.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5
 (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 Born alive at 1.1 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. E. Aligsood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Liberty, I.C.

Given name added from a supplemental report

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

(27) Filed 3/10 19 22 (28) W. L. Casey 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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