

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—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. THIS OFFICER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUSSIANS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Lindalome
 or
 Inc. Town of.....
 or
 City of Asheville, N.C.
 (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
3540

Registration District No. 1099 Registered No. 29
 (For use of Local Registrar)
 (No. 1099 Cherokee Ave. St.; Ward)

(2) Full Name of Child Johnnie Louise Dale (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John D. Dale
 (9) PRESENT POSTOFFICE OF FATHER Asheville, N.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47
(Years)
 (12) BIRTHPLACE Cherokee County, S.C.
 (13) OCCUPATION Insurance Agent
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Ella Sigmon
 (15) PRESENT POSTOFFICE OF MOTHER Asheville, N.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)
 (18) BIRTHPLACE Hartsville County, S.C.
 (19) OCCUPATION Domestic
 (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... alive... at 2 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Dale, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Asheville, N.C.

Given name added from a supplemental report

 _____ Registrar _____ 19____

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mch 10 22 M. F. Smeal 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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