

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.

McGaw, of Columbia.

## (1) PLACE OF BIRTH

County of Wicken  
Township of Ward  
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

40636

Registration District No. 2/4 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.)

(2) Full Name of Child William Long { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert W. Long(9) PRESENT POSTOFFICE OF FATHER Johnston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Columbia Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wynona Satcher(15) PRESENT POSTOFFICE OF MOTHER Johnston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. B. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Ridge Spring, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan. 10, 1923 (28) H. G. Deuch 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.

Registrar

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