

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Allendale</u>		STATE OF SOUTH CAROLINA		20765	
Township of <u>Bull Pond</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4603</u>		Registered No. <u>36</u>	
or				(For use of Local Registrar)	
City of		(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 <u>George Robert</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 15, 1922</u>	
(To be answered only in event of Twins or Triplets)					
FATHER.			MOTHER.		
(8) STILL NAME <u>George Robert</u>			(14) NAME BEFORE MARRIAGE <u>Emel Sams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale SC</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>140</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>140</u> (Years)		
(12) BIRTHPLACE <u>former Bull Pond SC</u>			(18) BIRTHPLACE <u>Bull Pond SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>farm laborer</u>		
(20) Number of children born to mother, including present birth <u>five</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Julius H. Schmitt</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Allendale SC</u>					
Given name added from a supplemental report			(26) Witness <u>J. H. Kelly</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>July 21, 1922</u>		
			(28) <u>J. C. Rouse</u> 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.