

(1) PLACE OF BIRTH

County of Calhoun
 Township of Price Grove
 or
 The Town of Long Grove
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 805

3091

Registered No. 11
 (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 Mary Daryl

(3) SEX OR
 CHILD

(4) Type
 of Twin

(5) Order of
 Birth

(6) Are
 Parents
 Married?

DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

(7) FULL
 NAME

(8) PRESENT
 POSTOFFICE
 OF FATHER

(9) COLOR
 OR
 RACE

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children born to
 mother, including present birth

(13) NAME BEFORE
 MARRIAGE

(14) PRESENT
 POSTOFFICE
 OF MOTHER

(15) COLOR
 OR
 RACE

(16) BIRTHPLACE

(17) OCCUPATION

(18) Number of children of this mother
 now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was... at...
 on the date above stated.

(20) (Signature)

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

When name added from a supplement
 report

(23) Witness

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

(25) Date

(26) Signature of Registrar

When filed...
 if a date...

RECEIVED...
 WITH...
 FIRST...
 SECOND...
 THIRD...
 FOURTH...
 FIFTH...
 SIXTH...
 SEVENTH...
 EIGHTH...
 NINTH...
 TENTH...