

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.
 BEARING CHILDREN, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Jackson
 Township of Easley
 OR
 Inc. Town of _____
 OR
 City of _____
 (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
8827

Registration District No. 2702 Registered No. 12
 (For use of Local Registrar)

(No. _____) St. _____ Ward _____

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Tom Hinton</u>	(14) NAME BEFORE MARRIAGE <u>Fay Christopher</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Easley R. F. D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Easley R. F. D.</u>
(9) PRESENT POSTOFFICE OF FATHER _____	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(10) COLOR OR RACE <u>W.</u>	(18) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>
(12) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Domestic</u>	(19) OCCUPATION <u>Domestic</u>	(19) OCCUPATION <u>Domestic</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>3</u>	(20) Number of children born to mother, including present birth <u>2</u>	(20) Number of children born to mother, including present birth <u>2</u>
(11) AGE AT LAST BIRTHDAY <u>20</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child who was _____ at _____ M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) N. M. Conrad
 (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Dacusville

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 13 1922 Local Registrar H. H. Wyatt

19 _____ 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.