

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. 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 MENTION OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lancaster
Township of Hunter
or
Inc. Town of
or
City of Clinton

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

Registration District No. 29 B

File No.—For State Registrar Only

15573

Registered No. 46
(For use of Local Registrar)

(No. 31 Bailey St.; 67 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Chas R. Penland

9) PRESENT POSTOFFICE OF FATHER Clinton S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE NC

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Land

(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 625th M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J L W Bailey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Clinton S.C.

Given name added from a supplemental report

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

(27) Filed May 14 22 (28) J L W Bailey 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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