

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD. 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>Charleston</u>		STATE OF SOUTH CAROLINA		3658	
Township of <u>Citrus</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No.....		Registered No. <u>17</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Not given</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>2</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18, 22</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>John Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Bauer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>McBee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McBee</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(11) AGE AT LAST BIRTHDAY (Years) <u>22</u>			(18) BIRTHPLACE <u>SC</u>		
(12) BIRTHPLACE <u>SC</u>			(19) OCCUPATION <u>Domestic</u>		
(13) OCCUPATION <u>James</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
(20) Number of children born to mother, including present birth <u>1</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>7:10 P.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>W. Williams</u>			(25) Address of Physician or Midwife <u>McBee</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>7/21/22</u> (28) Local Registrar <u>J. H. Williams</u>		
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.					