

MARGIN RESERVED FOR BINDING.

WRITE PLAINS, WITH TYPE-SETTING INK.—THIS IS A PITCH & KEY RECORD

N. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN, THIS IS ALL OTHERS AND UNDER THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question.

1) PLACE OF BIRTH
County of Maricopa
Township of Phoenix
or
Inc. Town of Phoenix
or
City of Phoenix

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

File No.—For State Registrar Only
5045

State Board of Health
Registration District No. 3305 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Rufus H. Stanton Jr. If child is not yet named, make supplemental report as directed

1) DOB of Child <i>Boy</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Jan 29 1922</i> (Month) (Day) (Year)
2) FULL NAME <i>R. H. Stanton</i>			14) NAME BEFORE MARRIAGE <i>Agnes Jones</i>	
3) PRESENT POSTOFFICE OF FATHER <i>Dead.</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Tatum SC</i>	
10) COLOR OR RACE <i>White</i>			16) COLOR OR RACE <i>White</i>	
11) AGE AT LAST BIRTHDAY <i>43</i> (Years)			17) AGE AT LAST BIRTHDAY <i>32</i> (Years)	
12) BIRTHPLACE <i>SC</i>			18) BIRTHPLACE <i>Tenn</i>	
13) OCCUPATION <i>Dead</i>			19) OCCUPATION <i>Domestic</i>	
20) Number of children born to mother, including present birth <i>5</i>			21) Number of children of this mother now living, including present birth <i>5</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, Norma Jane, female, born alive or stillborn, 1/4 M.
on the date above stated. 7/2 (Hour A.M. or P.M.)

(23) (Signature) [Signature]
(24) State where Physician or Midwife Illinois (25) Address of Physician or Midwife 118

Given name added from a supplemental report

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

(27) Filed Feb 3 1927 (28) Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.