

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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  
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**20341**

Registration District No. .... Registered No. 111 .....  
 (For use of Local Registrar)  
 (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

|   |   |  |  |  |
|---|---|--|--|--|
| 3) BOY OR GIRL? <u>Boy</u>  | 4) Twin or Triplet? <u>No</u><br>To be answered only in case of Twins or Triplets | 5) Number in order of birth <u>1</u>   | 6) Are Parents Married? <u>Yes</u>   | 7) DATE OF BIRTH <u>June 10 22</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |  | MOTHER.  |  |
| 8) FULL NAME <u>James Atkinson</u>                                      |   |  | 14) NAME BEFORE MARRIAGE <u>Mary Scage</u>   |  |
| 9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>                           |   |  | 15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>                                     |  |
| 10) COLOR OR RACE <u>White</u>  | 11) AGE AT LAST BIRTHDAY <u>45</u><br>(Years)                                     | 16) COLOR OR RACE <u>White</u> 17) AGE AT LAST BIRTHDAY <u>36</u><br>(Years) |  |  |
| 12) BIRTHPLACE <u>Society Hill S.C.</u>                                 |   |  | 18) BIRTHPLACE <u>Innonsville</u>  |  |
| 13) OCCUPATION <u>Merchant</u>  |   |  | 19) OCCUPATION <u>Housekeeping</u>   |  |
| 20) Number of children born to mother, including present birth <u>5</u> |   |  | 21) Number of children of this mother now living, including present birth <u>5</u> |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was above 7 22 at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Agnes Joe Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness A. Mrs. Wilkerson  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 20 1922 (28) ..... 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.