

MADE IN U.S.A. - REGISTERED AND BOUND. THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK—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 6. MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spky  
Township of W.D. Duff  
OR  
Inc. Town of .....  
OR  
City of .....

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

Registration District No. 4009

File No.—For State Registrar Only

5834

Registered No. 15  
(For use of Local Registrar)

(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 <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(9) FULL NAME <u>Walter King</u>			(14) NAME BEFORE MARRIAGE <u>Geneva Dwinby</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>More St. R#2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>More #2</u>	
(11) COLOR OR RACE <u>White</u>			(12) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(13) BIRTHPLACE <u>Pickens Co S.C.</u>			(14) COLOR OR RACE <u>White</u>	
(15) OCCUPATION <u>Farmer</u>			(16) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(17) BIRTHPLACE <u>Cock Co Tenn</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>4</u>			(20) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Adam at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McLeod

(24) State whether Physician or Midwife

(25) Address of 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

Feb 15, 1922

(28)

Chas. Boyter  
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.