

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Office of Columbia, S. C.

(1) PLACE OF BIRTH
 County of Laurens
 Township of Dials
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No.—For State Register Only
35228

Registration District No. 29.00 Registered No. 94
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) ~~MALE~~ GIRL (4) Twin or Triplet — (5) Number in order of birth 6 (6) Age Parents Married 3y (7) DATE OF BIRTH Oct 7, 22
 To be entered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Lawrence Knight
 (9) PRESENT POSTOFFICE OF FATHER Owings S.C. #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER
 (14) NAME BEFORE MARRIAGE Mary Aline Brandt
 (15) PRESENT POSTOFFICE OF MOTHER Owings S.C. #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Delivered or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) H. W. Stewart (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Date Nov 1, 22 (28) W. E. Mahon 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 sixth month of pregnancy.