

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR A PERSON AUTHORIZED BY HIM. IT IS NOT TO BE FILLED OUT BY THE FATHER OR MOTHER. IF A CHILD BREATHEA EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.

(1) PLACE OF BIRTH

County of Fairfield
 Township of X 9
 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
34303

Registration District No. 1908 Registered No. 49
 (For use of Local Registrar)

City of (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 Samuel Inby (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Sept 24, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Inby
 (9) PRESENT POSTOFFICE OF FATHER Winnabow
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 48 (Year)
 (12) BIRTHPLACE Fairfield Co. S.C.
 (13) OCCUPATION Farm laborer
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Davis
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 37 (Year)
 (18) BIRTHPLACE Fairfield Co. S.C.
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel Inby
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnabow

Given name added from a supplemental report

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

(27) Filed Sept 24, 1922 (28) Deputy Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathea even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.