

(1) PLACE OF BIRTH

County of Union
 Township of Fishersham
 OR
 Inc. Town of
 OR
 City of Carlisle

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20398

Registration District No. 42D.3. Registered No. 214
 (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 Arie Belle Savage (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 13, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Savage
 (9) PRESENT POSTOFFICE OF FATHER Carlisle
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Senora Jeter
 (15) PRESENT POSTOFFICE OF MOTHER Carlisle
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maudie C. C. C.
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Carlisle

Given name added from a supplemental report

R. H. Jeter
June 5, 1922
 Registrar

(26) Witness R. B. C. C.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 27, 1922 (28) R. H. Jeter
 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.

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.