

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43038

Registration District No. 26

Registered No. 60  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents married? Yes (7) DATE OF BIRTH Nov 19 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Evans Daley  
(9) PRESENT POSTOFFICE OF FATHER Helman, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44  
(12) BIRTHPLACE Hampton Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Five

MOTHER.  
(14) NAME BEFORE MARRIAGE Bertha Dowden  
(15) PRESENT POSTOFFICE OF MOTHER Helman, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(18) BIRTHPLACE Georgetown  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Martha L. Lereben  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Switzerland, S.C.

Given name added from a supplemental report

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

(27) Filed 11/25/22 (28) H.C. Jordon 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.