

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		43877	
State Board of Health		Registration District No. 3500		Registered No. 163	
(For use of Local Registrar)		(No. .... St.; .... Ward)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child .....					
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 30 1922</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Lin O. Pitts</i>			(14) NAME BEFORE MARRIAGE <i>Rutha Willison</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Lereca</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Lereca S.C.</i>		
(10) COLOR OR RACE <i>white</i>			(16) COLOR OR RACE <i>white</i>		
(11) AGE AT LAST BIRTHDAY <i>44</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>41</i> (Years)		
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>10</i>			(21) Number of children of this mother now living, including present birth <i>18</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... <i>Alive</i> ..... at ..... <i>7 A.M.</i> ..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>L. Z. Simpson</i>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <i>Westminster</i>					
Given name added from a supplemental report			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <i>Dec 30 1922</i> (28) <i>A. P. Martin</i> Registrar 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.					