

(1) PLACE OF BIRTH

County of Florence
 Township of Carris

Inc. Town of Hymon P.O.
 or
 City of Hymon P.O.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25958

Registration District No. 2001

Registered No. 65
 (For use of Local Registrar)

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

(2) Full Name of Child

Alma Martha Poston (No. St.; Ward)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 15-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Venado L. Smith Poston

(9) PRESENT POSTOFFICE OF FATHER Scranton St.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Florence Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wahneash Timmons

(15) PRESENT POSTOFFICE OF MOTHER Scranton St.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Greenfield St.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caledonia Poston

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingburg St.

Given name added from a supplemental report

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

(27) Filed Aug 1 1922 (28) W. H. Poston
 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.