

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the  
 TWINS or TRIPLETS as a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 5.  
 McGraw-Hill, Columbia, S. C.

<b>(1) PLACE OF BIRTH</b> County of <u>Williamsburg</u> Township of <u>Queen</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2723</b> </div>			
Registration District No. <u>4308</u>				Registered No. <u>10</u> (For use of Local Registrar)					
<b>(2) Full Name of Child</b> <u>Enourol Spears Dand</u>									
(3) BOY OR GIRL <u>Boy</u>		(4) Twin or Triplet? To be answered only in event of Twins or Triplets		(5) Number in order of birth		(6) Are Parents Married? <u>yes</u>		(7) DATE OF BIRTH <u>Jan 29<sup>th</sup> 1922</u> (Name of Month) (Day) (Year)	
FATHER.				MOTHER.					
(8) FULL NAME <u>Walter David</u>				(14) NAME BEFORE MARRIAGE <u>Alice McQuage</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Salters Depot. S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot. S.C.</u>					
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)		(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)			
(12) BIRTHPLACE <u>Marlboro co. S.C.</u>				(18) BIRTHPLACE <u>Marlboro co. S.C.</u>					
(13) OCCUPATION <u>farmer</u>				(19) OCCUPATION <u>Housewife</u>					
(20) Number of children born to mother, including present birth <u>9</u>				(21) Number of children of this mother now living, including present birth <u>7</u>					
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>									
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)									
(23) (Signature) <u>Belinda Brown</u>				(25) Address of Physician or Midwife <u>midwife Salters Depot S.C.</u>					
(24) State whether Physician or Midwife <u>midwife</u>				(26) Address of Physician or Midwife <u>midwife Salters Depot S.C.</u>					
Given name added from a supplemental report				(27) Witnesses (Signature of Witness necessary only when question 23 is signed by mark) <u>Feb 10<sup>th</sup> 1922</u> <u>A. N. Moreley</u> 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.									