

MAKING CERTAINLY, WITH UNFADING INK—THIS IS AN INDIANANT RECORD. 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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>McCormick</u>		STATE OF SOUTH CAROLINA		4956	
Township of <u>Washington</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.		Registered No.	
or				(For use of Local Registrar)	
City of	(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 <u>Lillie Louphus</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 28 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Willie Louphus</u>			(14) NAME BEFORE MARRIAGE <u>Lula Hella</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Parkville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Parkville S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Edgefield Co</u>			(18) BIRTHPLACE <u>Edgefield Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Augusta Ann Sears</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness <u>Nettie B. Bartlett</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Mar 4 1922</u> (28) <u>J.P. Conley</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.