

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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		34293	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>19.06</u>		Registered No. <u>88</u>	
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>Prunella Torn</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 12, 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Prunella Torn</u>			(14) NAME BEFORE MARRIAGE <u>Sarner Good</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Melton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Melton SC</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>38</u>			(17) AGE AT LAST BIRTHDAY <u>28</u>		
(12) BIRTHPLACE <u>Fairfield SC</u>			(18) BIRTHPLACE <u>Fairfield SC</u>		
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>farming</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was... <u>live</u> ... St. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mid Wife</u>					
(24) State whether Physician or Midwife <u>Mid Wife</u>					
(25) Address of Physician or Midwife <u>Mary Ashford</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>L. E. Hooten</u>					
(27) Filed <u>102322</u> Local Registrar					
(28) <u>1922</u> 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.

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