

(1) PLACE OF BIRTH.

County of Lexington
 Township of Black Creek
 or
 Inc. Town of Pelion
 OF
 City of _____

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

File No.—For State Registrar Only

43462

Registration District No. 2160Registered No. 37
(For use of Local Registrar)

(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 Samantha Francis Cupelid
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1922
 (Name of Month) (Day) (Year)

MOTHER.

FATHER.
 (8) FULL NAME Griffin Cupelid
 (9) PRESENT POSTOFFICE OF FATHER Pelion
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Lexington
 (13) OCCUPATION Clerk
 (14) NAME BEFORE MARRIAGE Corrie Jumper
 (15) PRESENT POSTOFFICE OF MOTHER Pelion
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S. Car.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) J. B. Russell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pelion S. C.
 Sec Aff.

Given name added from a supplemental report

1-23-43

M. B. Woodward, M.D., 19 _____

Registrar

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Dec 22 1922 (28) J. C. Gault Local Registrar.

If 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.