

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 5.
 N. C. W. of Columbia.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of Registration District No. 42-A Registered No. 14
 City of Hybrand (No. 7 Ward) (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 Edgar H. Hart If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
2651

(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>Jan 18 22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Edgar H. Hart</u>		(14) NAME BEFORE MARRIAGE <u>Kate Herring</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hybrand St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hybrand St</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Union S.C.</u>		(18) BIRTHPLACE <u>Charterfield S.C.</u>		
(13) OCCUPATION <u>Cotton Mill work</u>		(19) OCCUPATION <u>Domestic</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 born at Hybrand on the date above stated. (Hour 6 P. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
[Address]
 Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
[Signature]
 (27) Filed 2-10 1922 (28) [Signature] 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.
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