

(1) PLACE OF BIRTH

County of Marion
Township of Britton Neck
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 3200. Registered No. 4.....
(For use of Local Registrar)

File No.—For State Registrar Only

497-4

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 Herbert Long

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? *Boy* 4) Twin or Triplet? 5) Number in order of birth
To be answered only in event of Twins or Triplets

(5) Are Parents Married? *No*

(7) DATE OF BIRTH Jan 15, 1922

FATHER

8) FULL NAME Herbert Long

PRESENT POSTOFFICE OF FATHER *Gresham, I.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY... *24*...
(year)

BIRTHPLACE

13. OCCUPATION
R L Laborer

20 Number of children born to mother, including present birth *one*

MOTHER

(14) NAME BEFORE MARRIAGE *Beulah Richards*

(15) PRESENT POSTOFFICE OF MOTHER *Freshman, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *17*

18 BIRTHPLACE

19) OCCUPATION
Hansen, W. R.

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 M.
on the date above stated. 26 (Born alive or stillborn) (Hour of day or P.M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife ☒ Physician ☐ Midwife (25) Address of Physician or Midwife _____

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 23 is signed by Mark)

(27) Filed Feb 15 1922 (28) W. J. Jones
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.