

WHEN MAKING UP THIS RECORD, 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>chesterfield</u>		STATE OF SOUTH CAROLINA		3698	
Township of <u>Int. Chatham</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>12.05</u>		Registered No. <u>9</u>	
(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>not named</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>Jan. 27.22</u>	
To be answered only in event of Twins or Triplets			(8) (Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Cyrus Sellers</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Jordan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ruby S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ruby S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) AGE AT LAST BIRTHDAY <u>29</u>		
(11) BIRTHPLACE <u>S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>House work</u>			(19) OCCUPATION <u>House work</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>7</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>4 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. M. Newson</u>		(24) State whether Physician or midwife <u>Phys.</u>		(25) Address of Physician or Midwife <u>Ruby S.C.</u>	
Given name added from a supplemental report		(26) Witness <u>A. B. Redfern</u>		(27) Filed <u>13</u>	
(28) Registrar		(29) Local Registrar		(30) 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.