

1. In case of TWINS or TRIPLETS, state the sex of each child, and under the heading "PLACES OF BIRTH" state the place of birth of each child, and under the heading "PLACES OF BIRTH" state the place of birth of each child.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster</u>		STATE OF SOUTH CAROLINA		4175	
Township of <u>Farmingtonville</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>2015</u>		Registered No. <u>21</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Frederick B. Whitford</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>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2 1922</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER		MOTHER			
(8) FULL NAME <u>Wymen Grady Whitford</u>	(14) NAME BEFORE MARRIAGE <u>Lucile Ann</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Farmingtonville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Farmingtonville</u>				
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>23</u>	
		(Year)		(Year)	
(12) BIRTHPLACE <u>Farmingtonville</u>	(18) BIRTHPLACE <u>Orlando, Washington Co</u>				
(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Student</u>				
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Lancaster</u> at <u>2 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour <u>2 P.M.</u> or <u>2 A.M.</u> )					
(23) (Signature) <u>Frederick B. Whitford</u>		(24) Address of Physician or Midwife <u>Farmingtonville</u>			
(25) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <u>Feb 4 1922</u> (28) <u>R. T. M. M.</u> 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.					