

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of
 or
 City of Port Terminal (No. 21)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
649

Registration District No. 909 Registered No. 21
 (For use of Local Registrar)

(2) Full Name of Child Georgia Mae Overstreet (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Female</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. 25, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>George Manuel Overstreet</u>			14) NAME BEFORE MARRIAGE <u>Alana Mae</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Port Terminal S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Port Terminal S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
12) BIRTHPLACE <u>Beaufort S.C.</u>			18) BIRTHPLACE <u>Summerville S.C.</u>	
13) OCCUPATION <u>Police Guard, N.S.G.</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alana... at 6:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Physician
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife 7, Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Feb. 10, 1922 (28) G. F. Myers 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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