

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Chest.
 Township of Trouville
 Inc. Town of
 or
 City of

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

No. 3302

Registration District No. 11A7 Registered No. 1
 (For use of Local Registrar)

(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

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

(3) SEX OF CHILD Boy (4) Type or Fringe (5) Number in family of birth (6) Age at birth yes (7) DATE OF BIRTH July 12, 1922
 To be answered only in case of Twins or Triplets

FATHER.
 (8) FULL NAME Geo Bailey
 (9) PRESENT RESIDENCE OF FATHER Great Falls
 (10) COLOR white (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Lancaster Co., S.C.
 (13) OCCUPATION Carpenter
 (14) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Bertrude Rollins
 (15) PRESENT RESIDENCE OF MOTHER Great Falls
 (16) COLOR white (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE Charterfield Co., S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) Place where Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

 10
 Registrar

(26) Witness (Signature of Witness necessary only when question is answered by mark)
[Signature] (27) 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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