

MAHON RESERVED FOR BINDING.

WHITE 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 physician, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Cherokee
Township of
or
Inc. Town of
or
City of
(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

3528

Registration District No. 109 Registered No. 18
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John S. Camp (14) NAME BEFORE MARRIAGE Benny Crocker
(9) PRESENT POSTOFFICE OF FATHER Laflin SC (15) PRESENT POSTOFFICE OF MOTHER Laflin SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Cherokee Co S.C. (18) BIRTHPLACE Cherokee Co S.C.
(13) OCCUPATION Teacher (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J.B. Hatcher M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laflin SC

(Given name) address from a supplemental report. (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) File Mch 10 1922 (28) W.F. Smith 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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