

(1) PLACE OF BIRTH

County of Alberdale
 Township of Byramson
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2930

Registration District No. 4608Registered No. 16
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marvin and John Baby Faust

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth Two (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Eddie Faust
 (9) PRESENT POSTOFFICE OF FATHER Bramson
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Year)
 (12) BIRTHPLACE Hampton
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Bramson
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Year)
 (18) BIRTHPLACE Alberdale co
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (If stillborn, state hour A. M. or P. M.)

(23) (Signature) Hattie Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bramson

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 26 1922 (28) J. C. Murphy 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.

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 6.