

MARGIN RESERVED FOR BINDING.

FORM NO. 7.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.
 No. 11—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 5.

Cav. of Columbia

(1) PLACE OF BIRTH
 County of Darlington
 Township of
 or
 Inc. Town of Hartsville
 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
961

Registration District No. 11 B Registered No. 10
 (For use of Local Registrar)
 (No.) (St.) (Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
 to be answered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 4 1922
 (Month of Year) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph and Sherron

(9) PRESENT POSTOFFICE OF FATHER

Hartsville S.C.

(10) COLOR OF RACE

N(11) AGE AT LAST BIRTHDAY 39
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Norma Gandy

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville S.C.

(16) COLOR OF RACE

W(17) AGE AT LAST BIRTHDAY 35
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:10 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Sneyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianHartsville S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Jan 19 1922

(28)

J. M. McQueen
 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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