

NOTE: IN CASE OF TWINNING, WITH UNFADING INK, THIS IS A PERMANENT RECORD. IN MAIN CASE OF TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH
County of Barnwell
Township of Reel
or Wark
Inc. Town of Swelling
or
City of _____ (No. _____ St. _____ Ward _____)
(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
28977

Registration District No. 509 Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child Mertyst German (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 _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Maultry German
(9) PRESENT POSTOFFICE OF FATHER Barnwell
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE Barnwell Co
(13) OCCUPATION Public Wark
(20) Number of children born to mother, including present birth: _____

MOTHER

(14) NAME BEFORE MARRIAGE Cora Stephen
(15) PRESENT POSTOFFICE OF MOTHER Barnwell
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Barnwell Co
(19) OCCUPATION Public Wark
(21) Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 on the date above stated. (Born alive or stillborn) (Hour & M. of P. M.)

(23) (Signature) Bella Rung
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report _____

(25) Witness W. B. Parker
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Oct 2, 1922 (27) W. B. Parker 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.