

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MEGAW OF COLUMBIA, COLUMBIA, E. C.

(1) PLACE OF BIRTH

County of Larson
 Township of Dale
 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

15604

Registration District No. 2901 Registered No. 53
 (For use of Local Registrar)

(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? (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH May 16 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Arthur D. Stadar (9) PRESENT POSTOFFICE OF FATHER Owings (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (12) BIRTHPLACE Larson Co SC (13) OCCUPATION Farmer
 (14) NAME BEFORE MARRIAGE Dessie Green (15) PRESENT POSTOFFICE OF MOTHER Owings SC (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE Greenville Co SC (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Judie Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Owings SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. C. Mahon
 (27) Filed June 10 1922 (28) H. C. Mahon 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.

Extra Only

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 (ed, make directed)

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