

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERNMANENT RECORD.
 A. B.—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 1

(1) PLACE OF BIRTH

County of Waynes
 Township of Clinton
 Inc. Town of Clinton S.C.
 City of Clinton S.C.

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

File No.—For State Registrar Only
41272

Registration District No. 29 B Registered No. 113
 (For use of Local Registrar)

(2) Full Name of Child Muriel Ernestine Craig

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William F. Craig
 (9) PRESENT POSTOFFICE OF FATHER Clinton S.C. Lydiaville
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Wade Shoals S.C.
 (13) OCCUPATION Mill Operator
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Inez Odell
 (15) PRESENT POSTOFFICE OF MOTHER Clinton S.C. Lydiaville
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Wade Shoals S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Thos. Peake
 (24) State where Physician or Midwife South Carolina (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Jan. 12, 1924 (28) J. H. Bailey
 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 sixth month of pregnancy.

*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 sixth month of pregnancy.