

Form No. 1—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.  
McGraw-Hill Book Co., New York, N. Y.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>9526</b>	
County of <b>York</b> Township of <b>Abbeville</b> or Inc. Town of ..... or City of ..... (No. ....)		Registration District No. <b>4404</b>		Registered No. <b>18</b> (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 <b>Marcel Anthony</b>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <b>Boy</b>	(4) Twin or Triplet?	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>No</b>	(7) DATE OF BIRTH: <b>March 22</b> (Name of Month) (Day) (Year)	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <b>John Anthony</b>			(14) NAME BEFORE MARRIAGE <b>Mary Daniel</b>		
(9) PRESENT POSTOFFICE OF FATHER <b>Rock Hill S.C.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Rock Hill S.C.</b>		
(10) COLOR OR RACE <b>Negro</b> (16) AGE AT LAST BIRTHDAY <b>27</b> (Years)			(17) AGE AT LAST BIRTHDAY <b>28</b> (Years)		
(12) BIRTHPLACE <b>S. C.</b>			(18) BIRTHPLACE <b>S. C.</b>		
(13) OCCUPATION <b>Common Laborer</b>			(19) OCCUPATION <b>Domestic</b>		
(20) Number of children born to mother, including present birth <b>5</b>			(21) Number of children of this mother now living, including present birth <b>5</b>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <b>Julia Young</b>		(24) State whether Physician or Midwife <b>midwife</b>			
		(25) Address of Physician or Midwife			
Given name added from a supplemental report ..... ..... ..... 19..... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother) (27) Filed <b>3/18/22</b> (28) <b>J. R. Milb.</b> 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.					