

WHITE PLAINLY, WITH ENFADING INK.—THIS IS A PERMANENT RECORD.
 N. 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 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Westerfield
 Township of Churaw
 or
 Inc. Town of.....
 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
3663

Registration District No. L. 2. 0. 1 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child Delon Hivens If child is not yet named, make supplemental report as directed

(3) ~~Sex~~ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yo (7) DATE OF BIRTH July 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Hivens
 (9) PRESENT POSTOFFICE OF FATHER Churaw S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE Darlington Co S.C.
 (13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Silvy Hivens
 (15) PRESENT POSTOFFICE OF MOTHER Churaw S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25
 (Year)
 (18) BIRTHPLACE Darlington Co S.C.
 (19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... above at 11:00 on July 1, 1922.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wmcy Rogers

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Churaw 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 Feb. 10, 1922

(28)

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.