

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Chestnutfield S.C.
Township of C.H.
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

3684

Registration District No. Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child Clarence Bittle

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
To be answered only in case of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Bittle
(9) PRESENT POSTOFFICE OF FATHER Chestnutfield S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 4-3 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Burch
(15) PRESENT POSTOFFICE OF MOTHER Chestnutfield S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born Feb 7, 1922 9:20 A.M. on the date above stated. (Born alive or stillborn) (Month A. M. or P. M.)

(23) (Signature) Clarence Bittle
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chestnutfield 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 9, 1922 (28) M. S. W. White 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.