

STATIONED, AND TOILET REINFORCED.
WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
IN CASE OF TWIN OR TRIPLETS use a MEDICATED PLASTIC FOIL EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

County of Newberry
Township of #10
or
Inc. Town of
or
City of

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

39463

Registration District No. 3401 Registered No. 51
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Markenna Sims ----- { If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH BIRTH: <u>24</u> <u>24</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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(4) FULL NAME *Forest Linis*

(5) PRESENT POSTOFFICE OF FATHER *no. 1000000 St*

(10) COLOR OR RACE *ch* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *Germany*

(13) OCCUPATION *farmer*

(20) Number of children born to mother, including present birth *6*

(14) NAME BEFORE MARRIAGE *Bertha Dickson*

(15) PRESENT POSTOFFICE OF MOTHER *Prosperity St*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY..... *25* (Years)

(18) BIRTHPLACE *Shreveport La*

(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 Henry at 9 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23)	(Signature)	<i>John A. [illegible]</i>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife
		<i>11 - 3 - 10 - [illegible]</i>

Given name added from a supplement-
al report

(20) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Dec 10 22 (23) Elberta Chase
Local Registrar.

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.