

TWIN 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 Horry
Township of Little River
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22650

Registration District No. 2507 Registered No. 29
(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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>/</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Apr 19 - 22</i> 19 <i>22</i>
To be answered only in event of Twins or Triplets				

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 19 1922
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Labe Cot

(5) PRESENT POSTOFFICE OF FATHER Hard S. O.

(9) PRESENT POSTOFFICE OF FATHER *Hard S. O.*

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Harvey Co., S.C.

(13) OCCUPATION Farming

20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE *Clara Lewis*

(15) PRESENT POSTOFFICE OF MOTHER *Hand, S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY.....*30*.....
(Year)

(18) BIRTHPLACE Henry Co., S.C.

(19) OCCUPATION
Husband & Farm Work

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:45 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 123 Main St., Anytown, N.Y.

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Midwife	Warner St

Given name added from a supplemental report

(26) Witness L. J. [Signature]
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Apr 26 22 1922 (28) Blackett
Special 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.