

MARRIAGE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the
 PRINT—BIRTH No. 1 THE OTHER, No. 2, etc. in question 5
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(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 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
3270

Registration District No. 705 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child

Ruth Maybank If child is not yet named, make supplemental report as directed

3 BOY OR GIRL G 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Feb. 6, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME King Maybank
 9 PRESENT POSTOFFICE OF FATHER St. Stephens
 10 COLOR OR RACE negro 11 AGE AT LAST BIRTHDAY 24 (Years)
 12 BIRTHPLACE St. Stephens
 13 OCCUPATION Public Work
 20 Number of children born to mother, including present birth 1 3

MOTHER.

14 NAME BEFORE MARRIAGE Samie Williams
 15 PRESENT POSTOFFICE OF MOTHER St. Stephens
 16 COLOR OR RACE negro 17 AGE AT LAST BIRTHDAY 27 (Years)
 18 BIRTHPLACE Williamstown
 19 OCCUPATION Housewife
 21 Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Marceline at 30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Serena Harless (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Feb. 13, 1922 (28) Wm. O. Ford 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.

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