

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA.**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41614

(1) PLACE OF BIRTH  
 County of *Christ Church*  
 Township of *Chuan*  
 or  
 Inc. Town of *Chuan*  
 or

Registration District No. *12A*

Registered No. *86*  
 (For use of Local Registrar)

City of *Chuan* (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 *P. T. Long Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec. 16 1922*  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME *P. T. Long*  
 (9) PRESENT POSTOFFICE OF FATHER *Chuan S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *38*  
 (Years)  
 (12) BIRTHPLACE *S. C.*  
 (13) OCCUPATION *Teacher School House*  
 (14) Number of children born to mother, including present birth *4*

MOTHER  
 (14) NAME BEFORE MARRIAGE *Rosa Shields*  
 (15) PRESENT POSTOFFICE OF MOTHER *Chuan S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *25*  
 (Years)  
 (18) BIRTHPLACE *S. C.*  
 (19) OCCUPATION *House wife*  
 (20) Number of children of this mother now living, including present birth *4*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *born* at *Chuan* *10 A.* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *M. H. Woodward*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Chuan S.C.*

Given Name added from a supplemental report  
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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent) *M. H. Woodward*  
 (27) *Dec 28 1922* (28) *M. H. Woodward* 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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