

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.

N. 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.

McGraw-Hill Book Company, New York, N. Y.

(1) PLACE OF BIRTH

County of Kennebec
Township of Franklin
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

34617

Registration District No. 2205 Registered No. 47
(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 William Triff

if child is not yet nursed, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10-10-19</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *John Jeff*
(9) PRESENT POSTOFFICE OF FATHER *Zoney Creek*
(10) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *28* (Years)
(12) BIRTHPLACE *S. C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *1 2*

MOTHER

(14) NAME BEFORE MARRIAGE *Annal Huff*

(15) PRESENT POSTOFFICE OF MOTHER *Zoney Creek*

(16) COLOR OR RACE *W.* (17) AGE AT LAST BIRTHDAY *24* (Years)

(18) BIRTHPLACE *D. C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) _____
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife _____

Given name added from a supplemental report

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

(27) Filed OCT 22 1928 W. A. Ross
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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