

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 3.

(1) PLACE OF BIRTH

County of Reade

Township of

or
Inc. Town of

or
City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Dial Perick

(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 September 4, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Edwin Anderson Perick
(9) PRESENT POSTOFFICE OF FATHER Charlotte, N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE Kentucky
(13) OCCUPATION Minister
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Caroline Inglesby Dial
(15) PRESENT POSTOFFICE OF MOTHER Charlotte, N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Columbia, S.C.
(19) OCCUPATION h' 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 10:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. B. Woodward (24) State whether Physician or Midwife
(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report
E. D. Perick
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/26/22 (28) 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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