

## (1) PLACE OF BIRTH

County of UnionTownship of .....  
or  
Inc. Town of Gonesville  
or  
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 twins

File No.—For State Registrar Only

13130

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4-2-P-4 Registered No. 18  
(For use of Local Registrar)

(3) BOY OR GIRL?

very young girl

(4) Twin or Triplet?

twins

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 6 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James E. Rapley

(9) PRESENT POSTOFFICE OF FATHER

Coupen SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Chillicothe S.C.

(13) OCCUPATION

painting

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

three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Perrine O'gram

(15) PRESENT POSTOFFICE OF MOTHER

Coupen S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Gonesville S.C.

(19) OCCUPATION

house keeping

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

three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Charley Hermit 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

Charley Hermit

Registrar

(26) Witness

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

(27) Filed

6-18-22

(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.

Registrar

Local Registrar

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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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.