

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.

(1) PLACE OF BIRTH

County of A. S. Cheville
 Township of Magrath
 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

24438

Registration District No. 109 Registered No. 67
 (For use of Local Registrar)

(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 Mary Price If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lennie Price

(9) PRESENT POSTOFFICE OF FATHER Carters Falls, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Augusta Ga.

(13) OCCUPATION Carters Mill work

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Beth Powell

(15) PRESENT POSTOFFICE OF MOTHER Carters Falls, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Berk Co. Ga.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Tate, Jr.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Carters Falls, S.C.

Given name added from a supplemental report

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

(27) Filed Aug. 24, 1922 (28) The Name
 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.