

8.—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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lanum
Township of Sullivan
or
Inc. Town of Honesport SC
or
City of Honesport SC

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

Registration District No. 2905 Registered No. 63
(For use of Local Registrar)

File No.—For State Registrar Only
31002

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

(2) Full Name of Child Haye Stone

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wm E. Stone

(9) PRESENT POSTOFFICE OF FATHER Honesport SC R#4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Lanum Co. SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11th

MOTHER

(14) NAME BEFORE MARRIAGE Ann Lee Arnold

(15) PRESENT POSTOFFICE OF MOTHER Honesport SC R#4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE Lanum Co. SC

(19) OCCUPATION Housewife

(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 born alive at 12:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm E. Stone (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Honesport SC

Given name added from a supplemental report

(26) Witness Wm E. Stone
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 5 1922 (28) Wm E. Stone 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.