

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Bitter  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

Registration District No. 4400

File No.—For State Registrar Only

9500

Registered No. 7  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If child is not yet named, make supplemental report as directed.)

(2) Full Name of Child

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet <u>7</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albany Payer</u>			(14) NAME BEFORE MARRIAGE <u>Emma Graham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C. R.R.#8</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York S.C. R.R.#8</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>N.C.</u>		(17) AGE AT LAST BIRTHDAY <u>42</u> (Year)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>S.C.</u>	
			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>Eight</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Thos. H. Dulin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Clark S.C. R.R.#2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(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.