

MARGIN RESERVED FOR BINDING.

WRITE 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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Clarendon  
 Township of New Zion  
 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

File 22 050216 Only

Registration District No. 1312 Registered No. 45  
 (For use of Local Registrar)

(2) Full Name of Child Martha McIntosh (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>F</u>	(4) Twin or Triplet? <u>twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>9/24/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Warren B McIntosh</u>			(14) NAME BEFORE MARRIAGE <u>Jennie E Watts</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>New Zion S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Zion, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Clarendon, S.C.</u>			(18) BIRTHPLACE <u>Clarendon S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>wife</u>	
(20) Number of children born to mother, including present birth <u>five</u>			(21) Number of children of this mother now living, including present birth <u>four</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nora McGill

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10/15 19 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.