

RECEIVED 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 2.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>1695</b>	
County of <i>Richmond</i> Township of <i>Chilmark</i> or Inc. Town of <i>Chilmark</i> or City of ..... (No. ....) ..... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <i>2704</i>		Registered No. .... (For use of Local Registrar)	
(2) Full Name of Child <i>Charles Counts</i> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>X</i>	(6) Are Parents Married? <i>X</i>	(7) DATE OF BIRTH <i>Jan 2 1922</i> (Name of Month) (Day) (Year)	
FATHER (8) FULL NAME <i>Wesley Counts</i> (9) PRESENT POSTOFFICE OF FATHER <i>Blaney S C</i> (10) COLOR OR RACE <i>Colored</i> (11) AGE AT LAST BIRTHDAY <i>38</i> (Years) (12) BIRTHPLACE <i>Blaney S C</i> (13) OCCUPATION <i>Farming</i>			MOTHER (14) NAME BEFORE MARRIAGE <i>Hattie Peay</i> (15) PRESENT POSTOFFICE OF MOTHER <i>Blaney S C</i> (16) COLOR OR RACE <i>Colored</i> (17) AGE AT LAST BIRTHDAY <i>34</i> (Years) (18) BIRTHPLACE <i>Blaney S C</i> (19) OCCUPATION <i>Farming</i>		
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>5</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was... <i>at 5 A.M.</i> ... at... <i>5 A.M.</i> ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Grace Richardson</i>		(24) State whether Physician or Midwife <i>Midwife</i>			
(25) Address of Physician or Midwife <i>Blaney S C</i>					
Given name added from a supplemental report <i>Grace Richardson</i> <i>My</i>		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <i>John R. Richardson</i>			
19... <i>22</i> Registrar		(27) Filed <i>Jan 20 1922</i> (28) <i>John R. Richardson</i> 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.					