

MAJIN RESERVED FOR BIDDING.

FORM NO. 7.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

State of Columbia

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

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of Harbottle S.C.
 or
 City of
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 15B Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child. Mary Harrell Fitzgerald If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Henry Fitzgerald
 (9) PRESENT POSTOFFICE OF FATHER Harbottle S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Engineer at Harbottle Plant

MOTHER.

(14) NAME BEFORE MARRIAGE Lulu Jordan
 (15) PRESENT POSTOFFICE OF MOTHER Harbottle S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William L. Mason
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Harbottle S.C.

Given name added from a supplemental report. 101
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 19, 1922 (28) W. H. Hagen 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.

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