

Form No. 1

(1) PLACE OF BIRTH
 County of Highland
 Township of Center
 OF
 Inc. Town of
 OF
 City of

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

File No. — For State Registrar Only
18980

Registration District No. 3801 Registered No. 442
 (For use of Local Registrar)

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

3. BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 8 (6) Are Parents Married Yes (7) DATE OF BIRTH June 9, 1923
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Marriage Potee
 (9) PRESENT POSTOFFICE OF FATHER Center S.C.
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 40
(Year)
 (12) BIRTHPLACE Richland S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Mayah Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Center S.C.
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 35
(Year)
 (18) BIRTHPLACE Richland S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lezzie G. Miller
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Center S.C.

Given name added from a supplemental report

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

(27) Filed June 11, 1923 (28) A. B. C. Miller
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.