

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 12553	
County of <u>Abbeville</u> Township of <u>Magnolia</u> or Inc. Town of or City of		Registration District No. <u>109</u>		Registered No. <u>45</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child <u>Lady Belle Gade</u>					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 25-23</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Gade</u>			(14) NAME BEFORE MARRIAGE <u>Kisiah Cowan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>		
(10) COLOR OF RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(16) COLOR OF RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>11</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sara Haskell</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Calhoun Falls</u>					
(Given name added from a supplemental report)			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .. Registrar			(27) Filed <u>May 31, 1923</u> (28) <u>F. H. Hance</u> (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.