

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 1.

(1) PLACE OF BIRTH

County of Albany
 Township of Chermant
 Inc. Town of.....
 City of.....

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

No. — For State Registrar Only
30786

Registration District No. 2.61 Registered No. 3.2
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margherita Rosa Rish If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type or Type of Twin Twins (5) Number in order of birth 2 (6) Sex yes (7) DATE OF BIRTH Oct 4 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Mr. Doboy Rish
 (9) PRESENT RESIDENCE OF FATHER Wagener S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (15) NAME BEFORE MARRIAGE Maggie Lee Garrison
 (16) PRESENT RESIDENCE OF MOTHER Wagener S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1/3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. A. Whitlock M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, Miss. S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 3. 1923. (28) Mrs. J. C. Crutcher Local Registrar

When this report is made by a physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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