

WITHIN PLAINLY, WHEN CONTAINING INFORMATION TO A FATHER OR MOTHER OF CHILDREN BORN IN THIS STATE.
 N. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 6.
 McCaw, of Columbia.

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

(1) PLACE OF BIRTH
 County of Trenton
 Township of Durham
 or
 Inc. Town of Simpsonville
 or
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
43006

Registration District No. 2206 Registered No. 104
 (For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Prudence West } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 9 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>M. F. West</u>		(14) NAME BEFORE MARRIAGE <u>Effie Ward</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Trenton S.C.</u>		(18) BIRTHPLACE <u>Trenton S.C.</u>		
(13) OCCUPATION <u>Teacher</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. C. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville S.C.

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

(27) Filed APR 19 1923 (28) M. C. Smith
 Registrar 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.