

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 2.

**(1) PLACE OF BIRTH**

County of Pickens  
 Township of Cutler  
 or  
 Inc. Town of .....  
 City of ..... (No. .... St.; .... Ward)

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

File No.—For State Registrar Only  
**4941**

Registration District No. 8702 Registered No. 48  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** Fred Saxon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1923  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Will Saxon  
 (9) PRESENT POSTOFFICE OF FATHER Catechee, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ruth Merch  
 (15) PRESENT POSTOFFICE OF MOTHER Catechee, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION —  
 (20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 52 M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) F. L. With  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Catechee, S.C.

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .. Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Mar 6 1923 (28) J. D. Prudden 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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