

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Register 44801	
County of <i>Spartanburg</i>		STATE OF SOUTH CAROLINA			
Township of <i>Cherokee</i>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <i>1102-B</i>		Registered No. <i>32</i>	
City of		(No. St. Ward)		(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 <i>Paul Cameron</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parent Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 17, 1923</i>	
To be answered only in case of Twin or Triplet		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <i>Arthur Cameron</i>			(14) MARRIAGE		
(9) PRESENT POSTOFFICE OF FATHER <i>Duncan S.C. R.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Duncan S.C. R.</i>		
(10) COLOR OR RACE <i>white</i>			(16) COLOR OR RACE <i>white</i>		
(11) AGE AT LAST BIRTHDAY <i>21</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>34</i> (Year)		
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>		
20) Number of children born to mother, including present birth <i>4</i>			21) Number of children of this mother now living, including present birth <i>3</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>[Signature]</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>[Address]</i>					
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 <i>Feb. 1924</i> 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.