

MARGIN RESERVED FOR INDEXING.

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 8.

Section of Statistics, California, U. S.

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 miles
 Inc. Town of
 City of

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

Registration District No. 404

No. 31754

Registered No. 111
 (For use of Local Authorities)

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

(2) Full Name of Child Leise Richard

If child is not yet named, make supplemental report as directed.

(3) SEX OR CHILD Girl (4) Type or Trade (5) Number in order of birth 3 (6) Age yes (7) DATE OF BIRTH Nov. 7, 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Ben Richard
 (9) PRESENT RESIDENCE OF FATHER Bamberg S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME REPORT May Ella Ables
 (15) PRESENT RESIDENCE OF MOTHER Bamberg S.C.
 (16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer laborer
 (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 8 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Brant
 (24) State whether Physician or Midwife Midwife (25) Address at Residence or Office Bamberg S.C.
 Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)
 (27) Filed Nov. 17, 1923 (28) H. S. Richard
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.