

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 make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH *See - 2nd C*
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of *Anderson*
 Township of *Anderson*
 Inc. Town of *Anderson*
 City of *Anderson* (No. *34* St. *97* Ward *97*)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. *97*
 (For use of Local Registrar)

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

(3) SEX *GIRL* (4) Type or Twin *To be answered only in case of Twin or Triplets* (5) Number in order of birth *1* (6) Are Parents Married *yes* (7) DATE OF BIRTH *7/13/23*
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Amos West* (9) PRESENT POSTOFFICE OF FATHER *Anderson S. C. R. 7 D* (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *29* (Year) (12) BIRTHPLACE *Anderson County* (13) OCCUPATION *Farmer* (14) NAME BEFORE MARRIAGE *Bertha Hall* (15) PRESENT POSTOFFICE OF MOTHER *Anderson S. C. R. 7 D* (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26* (Year) (18) BIRTHPLACE *Anderson County* (19) OCCUPATION *Domestic* (20) Number of children born to mother, including present birth *2* (21) 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 *alive* at *11* M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
 (23) (Signature) *J. H. Marshall* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *19* (28) *J. H. Grayson* 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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