

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD.  
 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 1.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Marhamville  
 Inc. Town of.....  
 City of.....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 1.2.0.7 Registered No. .... 18...  
 (For use of Local Registrar)  
 (2) Full Name of Child Marian White (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplets To be covered only in case of Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec-16-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Marian White</u>			(14) NAME BEFORE MARRIAGE <u>Allan Patterson</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>At home</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. P. S. Early  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife Charleston, S.C.

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

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed)  
 (27) Date Jan 1, 24 (28) P. S. Early  
 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.