

MARGIN RESERVED FOR INDEXING.  
WRITES 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 Oconee  
Township of Center  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

11434

Registration District No. 2500 Registered No. 40  
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <u>1/2</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>3</u> <u>2</u> <u>1923</u>
FATHER.				
(8) FULL NAME <u>David Phillips</u>	(14) NAME BEFORE MARRIAGE <u>Lucy Martin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Fair Play</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Play</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>Id.</u>	(19) OCCUPATION <u>Housewife</u>			
(13) OCCUPATION <u>Farmer</u>	(20) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.  
(23) (Signature) Lucy Martin  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Apr 19 23 (28) 2 P Martin  
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.