

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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 8.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Custer
 Inc. Town of R.F.P.
 City of R.F.P.

(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

File No.—For State Registrar Only
5816

Registration District No. 303 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX—Girl (4) Twin or Triplet S (5) Number in order of birth 5 (6) Are Parents Married Y. (7) DATE OF BIRTH Jan 6, 1923
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Lawrence Sherard
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
R.F.P. to J.S. Fowler
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE And. Co.
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Janey Slowers
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F.P.
to J.S. Fowler
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Hart Co. Ga.
 (19) OCCUPATION wife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 29 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) [Signature]

(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) [Signature] 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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