

MARGIN RESERVED FOR BINDING.
 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 5.

(1) PLACE OF BIRTH

County of Tougalma
 Township of Wadley
 or
 Inc. Town of Fidelity, SC
 or
 City of _____

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

File No.—For State Registrar Only

77493

Registration District No. 3403 Registered No. 54
 (For use of Local Registrar)

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

(2) Full Name of Child Cornell Slater If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 196
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Slater</u>	(14) NAME BEFORE MARRIAGE <u>Ernie Brown</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Fidelity, SC</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Fidelity, SC</u>	(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>House Work</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Form</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ernie Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fidelity, SC
 Given name added from a supplemental report _____ (26) Witness O. J. McLean (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 4 196 (28) O. J. McLean Local Registrar

Registrar _____
 When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths. If a child breathes even once, it must not be reported as stillborn. before the fifth month of pregnancy.