

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT 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.

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Williamston
 Inc. Town of
 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

File No.—For State Registrar Only
16897

Registration District No. 3.14 Registered No. 2.7
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Lue Reanis Pickins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth No (6) Are Parents Married No (7) DATE OF BIRTH June 9, 1923
 (Place of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Jennie Mae Pickins</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Williamston</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	<u>Black</u> (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Anderson County, S.C.</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Farming</u>
(20) Number of children born to mother, including present birth		(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 Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. P. Rhodes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Williamston, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 14, 1923 (28) J. B. Wilkerson 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.

Registrar

Local Registrar

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