

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. R.—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.
 Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York
 Township of Bartholomew
 Inc. Town of
 City of

(2) Full Name of Child Edward

(3) BOY OR GIRL boy (4) Twin or Triplet (5) Number in order of birth
 To be answered only in case of Twin or Triplet

FATHER
 (6) FULL NAME Jessie Lindsey

(7) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.

(8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 31 (Year)

(10) BIRTHPLACE York Co.,

(11) OCCUPATION Farming

(12) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDANCE

(13) I hereby certify that I attended the birth of this child on the date above stated.

(14) (Signature) [Signature] (15) State whether Physician or Midwife

Given name added from a supplemental report

(16) Witness [Signature]

(17) Filed 29 1923 (18) Registrar S. H. Dore

When there was no attending physician or midwife, the father, mother, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. The report is desired of stillbirths.

CERTIFICATE OF BIRTH

STATE OF COLUMBIA
 Bureau of Registration
 State of S. C.

Registration No. 4401

(No. of same instead of street and number.)

Registered No. 43 (For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(19) DATE OF BIRTH July 23 1923 (Name of Month) (Day) (Year)

MOTHER

BEFORE AGE Bessie Cherry

PRESENT POSTOFFICE Rock Hill S. C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE York Co.,

(19) OCCUPATION Farming

(20) Number of children of this mother, including present birth Three

CERTIFICATE OF ATTENDANCE

(21) I hereby certify that I attended the birth of this child on the date above stated.

(22) (Signature) [Signature] (23) State whether Physician or Midwife

Given name added from a supplemental report

(24) Witness [Signature]

(25) Filed 29 1923 (26) Registrar S. H. Dore

When there was no attending physician or midwife, the father, mother, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. The report is desired of stillbirths.

File No.—For State Registrar Only

26677