

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 2.—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.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Linedstone
 or
 Inc. Town of.....
 or
 City of (No. St. Ward)
 (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

No. For State Registrar Only
35234

Registration District No. 1403 Registered No. 143....
 (For use of Local Registrar)

(2) Full Name of Child Willie E. Pittman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>5</u>	(6) Age of Parent Married <u>6</u>	(7) DATE OF BIRTH <u>Dec 15 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Willie E. Pittman</u>	(14) NAME BEFORE MARRIAGE <u>Willie E. Pittman</u>	(9) PRESENT POST OFFICE OF FATHER <u>...</u>	(15) PRESENT POST OFFICE OF MOTHER <u>...</u>
(10) COLOR OR RACE <u>...</u>	(11) AGE AT LAST BIRTHDAY (Year) <u>...</u>	(16) COLOR OR RACE <u>...</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>...</u>
(12) BIRTHPLACE <u>...</u>	(13) OCCUPATION <u>...</u>	(18) BIRTHPLACE <u>...</u>	(19) OCCUPATION <u>...</u>
(20) Number of children born to mother, including present birth <u>...</u>		(21) Number of children of this mother now living, including present birth <u>...</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)
 (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 23 is signed by mark)

(27) Filed Dec 1 1923 (28) H. F. Pritchard
 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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