

RESERVED FOR BINDING.

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

USE COLUMN, COLUMBIA, S. C.

Section of Column

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>S. C. Greenville</u>		STATE OF SOUTH CAROLINA		5628	
Township of <u>Wagner</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>109</u>		Registered No. <u>33</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Alice Janet Postell</u> 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 Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 25 1923</u> (Name of Month) (Day) (Year)	
(8) FATHER.			(9) MOTHER.		
(9) FULL NAME <u>William Postell</u>			(14) NAME BEFORE MARRIAGE <u>Sallie M. Postell</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S. C.</u>		
(16) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(18) BIRTHPLACE <u>Greenville Co.</u>			(19) COLOR OR RACE <u>Negro</u>		
(20) OCCUPATION <u>Farmer</u>			(21) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(22) BIRTHPLACE <u>Greenville Co.</u>			(23) BIRTHPLACE <u>Greenville Co.</u>		
(24) OCCUPATION <u>Domestic</u>			(25) OCCUPATION <u>Domestic</u>		
(26) Number of children born to mother, including present birth <u>1</u>			(27) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(28) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(29) (Signature) <u>J. D. Tate, Jr., D.</u>		(30) State whether Physician or Midwife <u>Physician</u>		(31) Address of Physician or Midwife <u>Calhoun Falls</u>	
Given name added from a supplemental report		(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)			
19		(33) Filed <u>March 31 1923</u> (34) <u>F. B. Vance</u> Registrar Local Registrar			
19		(35) Filed <u>April 9 1923</u> (36) <u>F. B. Vance</u> Registrar 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.