

MARGIN RESERVED FOR INDEXING.

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 2.

Return to Registrar, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Cornier
 Inc. Town of.....
 City of.....

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

Registration District No. 3.0.4

No. 30000

Registered No. 90X
 (For use of Local Registrar)

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

(2) Full Name of Child Reese Nile Jr

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

(3) SEX OR boy (4) Type yo (5) Number in order of birth 46 (6) DATE OF BIRTH Oct 19 23
 To be entered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Reese Nile
 (8) PRESENT RESIDENCE OF FATHER Ira
 (9) COLOR OR RACE negro (10) AGE AT LAST BIRTHDAY 34
 (11) BIRTHPLACE Wid. Co
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Lily Head
 (15) PRESENT RESIDENCE OF MOTHER Ira
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Wid. Co
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) Midwife
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Ira

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Signed Oct 20 23 (27) D. M. McLean 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.