

When 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 3.

(1) PLACE OF BIRTH
County of Oconee
Township of Center
or
Inc. Town of
or
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
4727

Registration District No. 9.500 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Unnamed Enox (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 1, 1923
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>William J. Enox</u>	(14) NAME BEFORE MARRIAGE <u>Dessie Mae Martin</u>		(14) NAME BEFORE MARRIAGE <u>Dessie Mae Martin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster R.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster R.D.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster R.D.</u>		
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>49</u> (Year)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Year)		(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Year)		
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>R. Mail Carrier</u>	(19) OCCUPATION <u>House Wife</u>		(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 A. on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. C. Strickland, M.D.
(24) State whether Physician or Midwife Physician Address Westminster

(If given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Mar. 1, 1923 (27) R. P. Martin 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.