

USE THIS CARD OF TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1 before of children. Columns, 9. C.

(1) PLACE OF BIRTH

County of Beaufort  
 Township of St. Michaels P.C.  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

No. 1a.—For State Register Only  
**34850** X

Registration District No. 100313 Registered No. 95  
 (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 Rubella Pearl If child is not yet named, make supplemental report as directed

(3) SEX OR girl (4) Twin or Triplet No (5) Number in order of birth 17 (6) Age of Person Married yes (7) DATE OF BIRTH 20th 14 23  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jo Sam Black</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Pennington</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sheldon</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sheldon 2c</u>
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Year)	(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> (Year)
(12) BIRTHPLACE <u>Beaufort Co</u>	(18) BIRTHPLACE <u>Beaufort Co</u>	(13) OCCUPATION <u>Farm work</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>17</u>	(21) Number of children of this mother now living, including present birth <u>12</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Korn Lakin at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pally Smalls  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed (28)

\*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.