

MARGIN RESERVED FOR BINDING.

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

B. 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 5.

Bureau of Census, Columbia, S. C.

## (1) PLACE OF BIRTH

County of *Franklin*Township of *Beulah*Inc. Town of *Waverly*City of *Waverly*

(if birth occurs in a hospital or other institution, give name and number.)

## (2) Full Name of Child

(3) BOY OR GIRL *Girl*(4) Twin or Triplet *No*(5) Number in order of birth *1*

To be answered only in case of Twin or Triplet.

(6) FULL NAME *Montgomery*(7) PRESENT POSTOFFICE OF FATHER *Waverly*(8) COLOR OR RACE *White*(9) AGE AT LAST BIRTHDAY *24*(10) BIRTHPLACE *Waverly*(11) OCCUPATION *Septic Work*(12) Number of children born to mother, including present birth *five*(13) Name of mother *Waverly*

## CERTIFICATE OF ATTENDING PHYSICIAN

(14) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(15) (Signature) *AND*(16) State whether Physician *Yes*

(17) Given name added from a supplemental report

(18) Witness *Waverly*(19) Registrar *Waverly*(20) When there was no attending physician or midwife, If a child breathes even once, it must be reported before *Waverly*