

12. 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.

(1) PLACE OF BIRTH		● CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chick</u>		STATE OF SOUTH CAROLINA		26885	
Township of <u>Chick</u>		Bureau of Vital Statistics			
Inc. Town of <u>Chick</u>		State Board of Health			
City of <u>Chick</u>		Registration District No.		Registered No.	
(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>Annie Reynolds</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 23 1923</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Rascal Reynolds</u>		(14) NAME BEFORE MARRIAGE <u>Lyon Morgan</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga</u>			
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>44</u>		(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>Edgefield SC</u>		(13) AGE AT LAST BIRTHDAY <u>49</u>		(17) BIRTHPLACE <u>Edgefield SC</u>	
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>house work</u>			
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Annie at 9</u> A. M. on the date above stated.					
(23) (Signature) <u>M. J. Lump</u>		(24) State whether <u>Physician or Midwife</u>			
(25) Address of Physician or Midwife <u>Chick</u>		(26) Address of Physician or Midwife <u>Chick</u>			
Given name added from a supplemental report		(27) Witness <u>Annie Davis</u>			
(28) Registrar <u>19</u>		(29) Filed <u>Sept 23 1923</u>			
		(30) 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.