

MADE IN U.S.A. - 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 1.

(1) PLACE OF BIRTH

County of Rich
 Township of Marble
 Inc. Town of.....
 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 - IN THE REGISTER
31418

Registration District No. 214 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Bernice Louise Cornelia (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>girl</u>	(4) Type or Weight To be given only in case of Twin or Triplets	(5) Number in order of birth	(6) No. of twins	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Cornelia Louise</u>			(9) NAME BEFORE MARRIAGE <u>Maggie DeLong</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Marble S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Marble S.C.</u>	
(12) COLOR OR HAIR <u>White</u>			(13) COLOR OR HAIR <u>White</u>	
(14) BIRTHPLACE <u>Wren S.C.</u>			(15) BIRTHPLACE <u>Wren S.C.</u>	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Carrie Cornelia
 (22) State whether Physician or Midwife Midwife
 (23) Address of Physician or Midwife Marble S.C.

Given name added from a supplement-
 al report

(24) Witness Carrie Cornelia
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(25) Filed Nov. 10, 1923 (26) H. E. D. Smith
 Registrar 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.