

MARGIN RESERVED FOR BUNDLING.

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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		27519	
Township of <u>Charleston</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>9.P.1.</u>		Registered No. <u>127</u>	
(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>Silla Laura</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 24 1923</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Foreman</u>			(14) NAME BEFORE MARRIAGE <u>Emma Palmer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>W. H. Pleasant</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>W. H. Pleasant</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)		
(12) BIRTHPLACE <u>J.C.</u>			(16) COLOR OR RACE <u>Negro</u>		
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)		
(18) BIRTHPLACE <u>J.C.</u>			(19) BIRTHPLACE <u>J.C.</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>Five</u>			(23) Number of children of this mother now living, including present birth <u>Five</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>Lucy W. W. W.</u>					
(26) State whether Physician or Midwife					
(27) Address of Physician or Midwife <u>W. H. Pleasant St.</u>					
Given name added from a supplemental report			(28) Witness <u>W. H. Pleasant</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19			(29) Filed <u>Sept 29 1923</u> (30) <u>W. H. Pleasant</u> 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.