

MARGIN REMOVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 If in case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pinebluffs
 Inc. Town of.....
 or
 City of

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

20230

Registration District No. 10000 Registered No. 10000
 (For use of Local Health Officer)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marie Viola Powell If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 27 (7) DATE OF BIRTH July 28, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Johannee Pounce
 (9) PRESENT POST OFFICE OF FATHER Pinebluffs S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Spartanburg Co S.C.
 (13) OCCUPATION Mill, work
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Cloda B. B. B.
 (15) PRESENT POST OFFICE OF MOTHER Pinebluffs, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION House Wife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) S. B. Brown
 (23) State whether Physician or Midwife Phys. (24) Address of Physician or Midwife Pinebluffs

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question is signed by mark)
 (26) Filed Aug 1, 1923 (27) S. B. Brown

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