

MARGIN RESERVED FOR INDEXING.

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

(1) PLACE OF BIRTH County of <u>Auderson</u> Township of <u>Williamson</u> or Inc. Town of <u>Pigeon S. C.</u> or City of _____ (No. _____ St. _____ Ward _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>189</b>
(2) Full Name of Child <u>Born</u>		Registered No. <u>113</u> (For use of Local Registrar) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of Birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1924</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Henry H. Born</u> (9) PRESENT POSTOFFICE OF FATHER <u>Pigeon S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (12) BIRTHPLACE <u>Ill.</u> (13) OCCUPATION <u>Merchant</u> (20) Number of children born to mother, including present birth <u>6</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Kate Jean</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Pigeon S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>34</u> (18) BIRTHPLACE <u>S. C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:20</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>W. J. Martin</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Pigeon S.C.</u> Given name added from a supplemental report _____ (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by a midwife) (27) Filed <u>Feb 9 1924</u> at <u>Pigeon S.C.</u> 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.				

RECEIVED AT COLUMBIA, S. C.