

WRITE PLAINLY, WITH UNFADING INK—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		CERTIFICATE OF BIRTH	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA	
Township of <u>Blackville</u>		Bureau of Vital Statistics	
Inc. Town of		State Board of Health	
City of		Registration District No. <u>504</u>	Registered No. <u>10</u>
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Anna Lee Embury</u>			
(3) SEX <u>Female</u>	(4) AGE <u>9 1/2</u>	(5) DATE OF BIRTH <u>7 12 23</u>	(6) TIME OF BIRTH <u>12 00</u>
FATHER		MOTHER	
(7) NAME <u>Perry Grace Embury</u>		(8) NAME <u>Alma Lee Still</u>	
(9) RESIDENCE <u>Blackville S.C.</u>		(10) RESIDENCE <u>Blackville S.C.</u>	
(11) COLOR <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>37</u>	(13) COLOR <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>30</u>
(15) BIRTHPLACE <u>Barnwell Co.</u>		(16) BIRTHPLACE <u>Barnwell Co.</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>5</u>		(20) Number of children of this mother now living, including present birth <u>5</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
(21) I hereby certify that I attended the birth of this child, who was on the date above stated.			
(22) (Signature) <u>[Signature]</u>		(23) (Date) <u>7 12 23</u>	
(24) State whether Physician or Midwife <u>Physician</u>		(25) Address of Physician or Midwife <u>[Address]</u>	
Given name added from a supplemental report		(26) Witness <u>[Signature]</u>	
(27) Filed <u>8 1 23</u>		(28) <u>[Signature]</u>	
When there was no attending physician or midwife, then the father, householder, etc., should sign the report if a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.			
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