

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 4.

(1) PLACE OF BIRTH

County of Pickens
 Township of Central
 OF
 Inc. Town of.....
 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 No. — For State Registrar Only
4931

Registration District No. 3700 Registered No. 14
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child unnamed

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Type of Triplet To be answered only in case of Twins or Triplets
 (2) Number in order of birth 4 (3) Are Parents Married yes (7) DATE OF BIRTH Feb. 25, 28
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Dupre
 (9) PRESENT POSTOFFICE OF FATHER Calhoun S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmland
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Butler
 (15) PRESENT POSTOFFICE OF MOTHER Calhoun S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Werk house
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marsha English
 (24) (Indicate whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Calhoun S.C.

Given name added from a hospital or other source

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Date Feb. 26, 28 (28) J. D. Bearden
 Local Registrar.

If midwife, then the father, householder, etc., should make this return.
 No report is desired of stillbirths.
 Report the birth month of pregnancy.