

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 2-2b use of TUBES 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

County of

Township of

Inc. Town 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

No. 1-For State Registrar Only

3411

Registration District No. 1201 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child

Virginia Wall

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

(3) SEX OF CHILD Girl	(4) Type of Triplet To be reported only in case of Triplet or Quadruplet	(5) Number in order of birth	(6) Age of Mother 40	(7) DATE OF BIRTH Feb 25 1923 (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Green Wall	(10) COLOR OR RACE Blk	(11) AGE AT LAST BIRTHDAY 26 (Year)
(9) PRESENT POSTOFFICE OF FATHER Charleston	(12) BIRTHPLACE S.C.	(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5		

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Caraway	(16) COLOR OR RACE Blk	(17) AGE AT LAST BIRTHDAY 26 (Year)
(15) PRESENT POSTOFFICE OF MOTHER Charleston	(18) BIRTHPLACE S.C.	(19) OCCUPATION Farm laborer
(20) Number of children of this mother now living, including present birth 5		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 6 a.m.... on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Plummer

(24) Name, whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(Signature of Witness necessary only when question 24 is signed by mark)

When there is a supplemental report, the Registrar should make this return.
 If a child is born dead, the report is desired at stillbirth.