

(1) PLACE OF BIRTH

County of Richland
 Township of Jefferson
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 5095 — For State Registrar Only

Registration District No. 3500

Registered No. 13
 (For use of Local Registrar)

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

(2) Full Name of Child Julie B. B. B. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No To be answered only in event of Twin or Triplet (5) Age at Birth Yes (6) DATE OF BIRTH 10-10-23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William B. B. B.
 (9) PRESENT RESIDENCE OF FATHER College Place
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Wage Earner
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Blocker
 (15) PRESENT RESIDENCE OF MOTHER College Place
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Sallie B. B. B.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 20 1923 (26) W. A. McLean
 (27) Filed Feb 20 1923 (28) W. A. McLean
 Registrar Local Registrar

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

Form No. 1, THE OTHER, No. 2, etc., in question 1