

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <i>Richland</i>		STATE OF SOUTH CAROLINA		37444	
Township of <i>Bluffton</i>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <i>3800</i>		Registered No. .... <i>147</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Bradford Savage</i>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>May 15 1923</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Bradford Savage</i>			(14) NAME BEFORE MARRIAGE <i>Georgianna Linder</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>College Place</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>College Place</i>		
(10) COLOR OR RACE <i>Col</i>			(16) COLOR OR RACE <i>Col</i>		
(11) AGE AT LAST BIRTHDAY <i>23</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)		
(12) BIRTHPLACE <i>Richland Co</i>			(18) BIRTHPLACE <i>Richland Co</i>		
(13) OCCUPATION <i>Wage Earner</i>			(19) OCCUPATION <i>House work</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was .... <i>alive</i> .... <i>9 a</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Lillian Boulware</i>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <i>College Place</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <i>May 18 1923</i> (28) <i>W. A. McLean</i> Registrar 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.