

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

Recess of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
County of S. C. Berkeley  
Township of Magnolia  
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.)  
Registration District No. 109 Registered No. 49  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
(2) Full Name of Child Mary Frances Mack If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 10 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Lillie Belle Mack</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Ballhorn Falls, S. C.</u>
(10) COLOR OR RACE		(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	<u>2</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>S. C. Berkeley Co.</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was alive at 5 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Quin  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ballhorn Falls, S. C.  
(Given name added from a supplemental report)  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 18 1923 (28) J. B. Harve (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.