

U. S. 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. B.—For State Registrar Only	
County of <u>Allen</u>		STATE OF SOUTH CAROLINA		2071	
Township of <u>Harrison</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>205</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Henry Perry</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Male</u>	(4) Type or Figure <u>Full</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>Feb 13</u>	(8) <u>23</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>Perry Osney</u>			(10) NAME BEFORE MARRIAGE <u>Daisy Price</u>		
(11) PRESENT RESIDENCE OF FATHER <u>Augusta Ga</u>			(12) PRESENT RESIDENCE OF MOTHER <u>Augusta Ga</u>		
(13) COLOR <u>Colored</u> (14) AGE AT LAST BIRTHDAY <u>14</u>			(15) COLOR <u>Colored</u> (16) AGE AT LAST BIRTHDAY <u>24</u>		
(17) BIRTHPLACE <u>Edgfield SC</u>			(18) BIRTHPLACE <u>Edgfield SC</u>		
(19) OCCUPATION <u>Farmer</u>			(20) OCCUPATION <u>Farmer</u>		
(21) Number of children born to mother, including present birth <u>4</u>			(22) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(23) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9:10 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(24) (Signature) <u>Marie Kemp</u>					
(25) State whether <u>Physician or Midwife</u>					
(26) Address of Physician or Midwife <u>Wade W. Augusta Ga</u>					
Given name added from a supplemental report			(27) Witness <u>Perry Osney</u>		
			(28) Signature of Witness necessary only when question 23 is signed by mark		
19			(29) Filed <u>Feb 19 1923</u>		
Registrar			(30) 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.