

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 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 Abbeville
 County of Abbeville
 Township of Smithville
 Inc. Town of.....
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 110 Registered No. 2
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Mattie Lee Bransome (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. R. Bransome</u>			(14) NAME BEFORE MARRIAGE <u>Fanny Minor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Washington D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY..... (Years)	(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY..... (Years)	
(16) BIRTHPLACE			(17) BIRTHPLACE	
(18) OCCUPATION			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at..... M.,
 on the date above stated. (Born alive or stillborn?) (How A. M. or P. M.)

(23) (Signature) Elizabeth Profit
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report.....
 19..... Registrar

(26) Witness.....
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 16, 1923 (28) R. B. Jones 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.