

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.

Order of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		4007	
Township of <u>Green</u>		Bureau of Vital Statistics		Registered No. <u>6</u>	
Inc. Town of <u>.....</u>		State Board of Health		(For use of Local Registrar)	
City of <u>.....</u>		Registration District No. <u>3617</u>		St.; ..... Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>No Name Live only 17 hrs.</u>					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>.....</u>	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>July 2 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Atticus Finney</u>			(14) NAME BEFORE MARRIAGE <u>Florina Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cordova, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cordova, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>46</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>42</u>		
(12) BIRTHPLACE <u>Orangeburg County</u>			(18) BIRTHPLACE <u>Orangeburg County</u>		
(13) OCCUPATION <u>Farmer &amp; Foreman</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:45</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. L. Mueh...</u>		(24) State whether Physician or Midwife <u>Physician</u>		(25) Address of Physician or Midwife <u>Cordova, S.C.</u>	
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>2</u> 19 <u>23</u> (28) <u>.....</u> 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.

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