

MAKING ROOMS FOR BIRTHS
 THIS FORM IS TO BE FILLED IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 IN B-1 AND B-2 OF FORMS ON REPORTING TO 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

County of Anderson
 Township of Centerville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
210

Registration District No. 303 Registered No. 81
 (For use of Local Registrar)

(2) Full Name of Child D. C. Pilgrim Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
 (4) Twin or Triplet?
 (5) Number in order of birth
 (6) Are Parents Married?
 (7) DATE OF BIRTH (Type of Month) (Day) (Year)

FATHER.
 (8) FULL NAME D. C. Pilgrim
 (9) PRESENT POSTOFFICE OF FATHER Anderson
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Year)
 (12) BIRTHPLACE And Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy Dixon
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 43 (Year)
 (18) BIRTHPLACE Robb Co. Ga.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 635 M.
 on the date above stated. (Born alive or stillborn) (Hour and or P.M.)
 (23) (Signature) A. L. Smith
 (24) State whether Physician or Midwife (25) Address at Physician or Midwife
Anderson S.C.

Given name added from a supplemental report
 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 19 (28) 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.