

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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

County of A. S. Greenville
 Township of Praguer
 Inc. Town of.....
 or
 City of.....

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

No. for State Registrar Only
30704

Registration District No. 109 Registered No. 109
 (For use of Local Registrar)

(No. 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 Annie Blukhscales If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 12 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andrew Blukhscales
 (9) PRESENT RESIDENCE OF FATHER Balhorn Falls S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE A. S. Greenville Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Blukhscales
 (15) PRESENT RESIDENCE OF MOTHER Balhorn Falls S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE A. S. Greenville Co
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... alive... at 1... P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Annie Trase (23) Address of Physician or Midwife
 (24) State whether Physician or Midwife Midwife Balhorn Falls

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Oct 20 1923 (27) F. L. McNamee
 Registrar 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.