

WRITE PLAINLY, WITH INK, WITH INK—THIS IS A PERMANENT RECORD.
 H. 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

County of Georgia
 Township of
 or
 Inc. Town of
 or
 City of Georgia
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. — For State Registrar Only
28373

Registration District No. 21-a Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child

Paula Ann Smith (No. 1 of 1 child) (If child is not yet named, make supplemental report as directed)
 (3) SEX OR GIRL girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH Mar 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Ann Smith
 (9) PRESENT POSTOFFICE OF FATHER Georgia SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE Wilmington Del
 (13) OCCUPATION Machinist
 (14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Schorder
 (15) PRESENT POSTOFFICE OF MOTHER Georgia SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Candor S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature) John A. King

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Georgia SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Oct. 2 1923 (27) Mrs. R. T. King 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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