

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 4.

(1) PLACE OF BIRTH

County of Deeonee  
 Township of Center  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

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

No. 29483 for State Registrar Only

Registration District No. 22.04 Registered No. 124  
 (For use of Local Registrar)

City of ..... (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 Amos (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept 5 1923 (Name & Month) (Day) (Year)

FATHER.

(8) FULL NAME Ollie S. Branst  
 (9) PRESENT POSTOFFICE OF FATHER Westminster  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Deeonee  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Allie Rogers  
 (15) PRESENT POSTOFFICE OF MOTHER Westminster  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Deeonee  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W C May (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed Sept 7 1923 (28) A P Martin 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.