

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. 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 Spartanburg
 Township of South Spring
 OF
 Inc. Town of.....
 OF
 City of..... (No. St.; Ward)
 (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
42819

Registration District No. 4071 B Registered No. 66
 (For use of Local Registrar)

(2) Full Name of Child Carrie Louise Black If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet 1st (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Black
 (9) PRESENT POSTOFFICE OF FATHER Fairforest, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 49
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Cognon Black
 (15) PRESENT POSTOFFICE OF MOTHER Fairforest, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. F. Hughton, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Academy, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 1 1923 D. F. Hughton 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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