

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 1.  
 Register in Columns, Columns 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sanhington</u>		STATE OF SOUTH CAROLINA		24188	
Township of <u>Merhams</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>1.A.2</u>		Registered No. .... <u>23</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Esther Cotton</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Boy</u>	(4) Type or Token <u>To be reported only in case of Twin or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>1 year</u>	(7) DATE OF BIRTH <u>Aug 24, 1923</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Nathanial Cotton</u>			(10) NAME BEFORE MARRIAGE <u>Mary Ella King</u>		
(11) PRESENT RESIDENCE OF FATHER <u>Merhams</u>			(12) PRESENT RESIDENCE OF MOTHER <u>Merhams</u>		
(13) COLOR <u>Cole</u>	(14) AGE AT LAST BIRTHDAY <u>29</u>	(15) COLOR <u>Cole</u>	(16) AGE AT LAST BIRTHDAY <u>16</u>		
(17) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>			
(19) OCCUPATION <u>Farming</u>		(20) OCCUPATION <u>Farming</u>			
(21) Number of children born to mother, including present birth <u>6</u>		(22) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>W. B. Brown</u>		(25) Address of Physician or Midwife <u>Merhams</u>			
(26) State whether Physician or Midwife <u>Midwife</u>		(27) Address of Physician or Midwife <u>Sanhington</u>			
Given name added from a supplemental report		(28) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")			
.....		(29) Signed <u>W. B. Brown</u> (30) <u>W. B. Brown</u>			
..... 19 <u>1923</u> Registrar					

\*When there was no attending physician or midwife, then the father, householder, etc., should sign 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.