

WRITE PLAINLY. WITH A SHADING 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 8.

(1) PLACE OF BIRTH

County of A. C. Conee
 Township of Center
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

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

File No.—For State Registrar Only
11424

Registration District No. 7.900 Registered No. 7.5
 (For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>1/6/23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Luffas C. Ashman</u>			(14) NAME BEFORE MARRIAGE <u>Agnes Victoria</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sair play</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sair play</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>Ga.</u>	
(13) OCCUPATION <u>Lawyer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. E. Krays
 (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 23 is signed by mark)
 (27) Filed Apr 19 23 (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.