

(1) PLACE OF BIRTH

County of Richland
 Township of Blytheville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5102

Registration District No. 3804Registered No. 20
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 26 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Jones
 (9) PRESENT POSTOFFICE OF FATHER Blytheville
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Harrisfield
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Bell Roberts
 (15) PRESENT POSTOFFICE OF MOTHER Blytheville
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
 (Year) (18) BIRTHPLACE Harrisfield
 (19) OCCUPATION House help
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 a
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Carrie Williams(23) State whether Physician or Midwife L(24) Address of Physician or Midwife Blytheville

Given name added from a supplemental report

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

(26) Filed March 1 1923 (27) W. A. Dean 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.