

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Chesterfield, S.C.</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		3429	
Township of <i>C.H.</i>		Registration District No. <i>1203</i>		Registered No. <i>25</i>	
Inc. Town of		(No. St.; Ward)		(For use of Local Registrar)	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child					
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb-15-1923</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Thomas Burch</i>			(14) NAME BEFORE MARRIAGE <i>Pearl Ruth White</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Chesterfield S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Chesterfield S.C.</i>		
(16) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)		
(18) BIRTHPLACE <i>S.C.</i>			(19) BIRTHPLACE <i>S.C.</i>		
(20) OCCUPATION <i>Farmers</i>			(21) OCCUPATION <i>Housewife</i>		
(22) Number of children born to mother, including present birth <i>2</i>			(23) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <i>phys.</i> at <i>2 P.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <i>D. A. Seal</i>					
(26) State whether Physician or Midwife <i>Phys.</i>					
(27) Address of Physician or Midwife <i>Chesterfield S.C.</i>					
Given name added from a supplemental report			(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(29) Signed <i>Mar-7-1923</i> (30) <i>M. S. Watson</i> 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.