

MARGIN RESERVED FOR REMARKS.
 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 2.

(1) PLACE OF BIRTH

County of Deer
 Township of Linn
 Inc. Town of
 City of

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

No. 11.—For State Registrar Only
11470

Registration District No. 3504 Registered No. 3978
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 City of Cata
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet
 To be answered only in event of Twin or Triplet

(5) Are Parents Married? yes (6) DATE OF BIRTH 3 11 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roth, Cate
 (9) PRESENT POSTOFFICE OF FATHER Newry, SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 5

MOTHER.

(16) NAME BEFORE MARRIAGE Addie Cox

(18) PRESENT POSTOFFICE OF MOTHER Newry, SC

(19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 32
 (Years)

(21) BIRTHPLACE SC

(22) OCCUPATION Housewife

(23) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(24) I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) [Signature] (26) Address of Physician or Midwife Newry, SC

(27) State whether Physician or Midwife Physician

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed or marked)

(29) Filed [Signature] (30) 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.

----- END OF RECORD OF PREGNANCY.