

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. 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 2.

Section of Columbia, California, S. C.

(1) PLACE OF BIRTH

County of Georgetown
 Township of
 OF
 Inc. Town of
 OF
 City of #3

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only
38925

Registration District No. 2102

Registered No. 75
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH July 21, 1923
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (Name) (Month) (Day) (Year)

(8) FATHER'S FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>?</u> (Year) (12) BIRTHPLACE (13) OCCUPATION (14) Number of children born to mother, including present birth <u>1</u>		(14) MOTHER'S NAME BEFORE MARRIAGE <u>Katie Tucker</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Ston P. C.</u> (16) COLOR OR RACE <u>Wool</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Year) (18) BIRTHPLACE <u>S. C.</u> (19) OCCUPATION <u>Washer</u> (20) Number of children of this mother now living, including present birth <u>1</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 104 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Arah Birm
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 22, 1923 (28) Mrs. P. J. King 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.