

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 2.

(1) PLACE OF BIRTH

County of *Laurens*Township of *Laurens*

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

3421

Registration District No. *1302*Registered No. *4*
(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.)

(2) Full Name of Child

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

(3) SEX OF CHILD <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>Jan 24 23</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>John S. Farmer</i>			(14) NAME BEFORE MARRIAGE <i>Emmie Davis</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Laurens, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Laurens, S.C.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>39</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>35</i> (Year)	
(12) BIRTHPLACE <i>Laurens, S.C.</i>			(18) BIRTHPLACE <i>Laurens, S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House Keeping</i>	
(20) Number of children born to mother, including present birth <i>18</i>			(21) Number of children of this mother now living, including present birth <i>18</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *Laurens, S.C.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Theisen, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Laurens, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date *Mar 8, 1933*(28) *J. H. Davis*
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.

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