

MARGIN RESERVED FOR REMARKS.
 WRITE PLAINLY. WITH UNFAMING 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 Section 1.

(1) PLACE OF BIRTH

County of B. Comer
 Township of Center
 or
 Inc. Town of
 or
 City of

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

No. — For State Registrar Only
11433

Registration District No. 3500 Registered No. 64
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD Boy (4) Type or Triplets To be answered only in case of Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 2 31 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John J. Keadler
 (9) PRESENT POSTOFFICE OF FATHER Mer Play S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Turner

MOTHER.
 (14) NAME BEFORE MARRIAGE Lillian Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Mer Play S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE G.A.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Apr 10 1923 (28) L. P. Martin 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.