

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH
 County of Allendale
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

File No.—For State Registrar Only
5895

Registration District No. H600 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child Naggeleen (If child is not yet named, make supplemental report as directed)

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|--|---|---|---|--|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb 8 1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Frazier Steen</u> | | (14) NAME BEFORE MARRIAGE <u>Daisy Lumber</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Martins SC</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Martins SC</u> | | |
| (10) COLOR OR RACE <u>negro</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> (Years) | (16) COLOR OR RACE <u>negro</u> | (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) | |
| (12) BIRTHPLACE <u>SC</u> | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>Farming</u> | | (19) OCCUPATION <u>Farm Labor</u> | | |
| 20) Number of children born to mother, including present birth <u>1 3</u> | | 21) Number of children of this mother now living, including present birth <u>1 3</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Saba Reed
 (24) State whether Physician or Midwife midwife
 (25) Address of Physician or Midwife Martins SC

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. F. Bond

(27) Filed March 10 1923 Registrar J. F. Bond 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.