

MARGIN RESERVED FOR BINDING.

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

S. 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 5.

(1) PLACE OF BIRTH County of <u>Allendale</u> Township of <u>h</u> or Inc. Town of <u>h</u> or City of <u>h</u> (If birth occurs in a hospital or other institution give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4600</u>		File No.—For State Registrar Only <b>5895</b>
(2) Full Name of Child <u>Nagge Steen</u>		Registered No. <u>24</u> (For use of Local Registrar) (No. <u>h</u> St. <u>h</u> Ward <u>h</u> ) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 8 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Frazier Steen</u> (9) PRESENT POSTOFFICE OF FATHER <u>Martins SC</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u>Farming</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Daisy Lumber</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Martins SC</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (18) BIRTHPLACE <u>SC</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>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>S. F. Bond</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Martins SC</u> (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>h</u> 10 1923 (28) <u>S. F. Bond</u> Local Registrar (Given name added from a supplemental report)				

\*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.