

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 4.

(1) PLACE OF BIRTH

County of Bransburg
 Township of
 OF
 Inc. Town of City
 OF Bransburg
 City of Bransburg
 (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

8017

Registration District No. 36 Registered No. 0
 (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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 19 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Raymon C. Claggett
 (9) PRESENT POSTOFFICE OF FATHER Bransburg, S.C.
 (10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 28
 (Year)
 (12) BIRTHPLACE Summerville, S.C.
 (13) OCCUPATION Mechanic
 (14) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie May Horrie
 (15) PRESENT POSTOFFICE OF MOTHER Bransburg, S.C.
 (16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 20
 (Year)
 (18) BIRTHPLACE Bransburg, S.C.
 (19) OCCUPATION Teacher
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed

4-6-1923

(28)

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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