

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 1.

(1) PLACE OF BIRTH County of <u>Berkley</u> Township of <u>2nd</u> or Inc. Town of City of (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		No. <u>34886</u>	
Registration District No. <u>7.03</u>		Registered No. (For use of Local Registrar)			
(2) Full Name of Child		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 14 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Lewis</u>			(9) NAME BEFORE MARRIAGE <u>Mary Smith</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Moncks Corner</u>			(11) PRESENT POSTOFFICE OF MOTHER		
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY <u>1</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) BIRTHPLACE	
(17) BIRTHPLACE	(18) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
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 <u>4</u> M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Calmar</u>					
(Given name added from a supplemental report)			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
19			(27) Filed <u>Mar 14 1923</u>		
Registrar			(28) <u>[Signature]</u>		

*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is desired or made before the fifth month of pregnancy.

S. A. K. O. D. A. K.