

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING 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 question 8.

(1) PLACE OF BIRTH
 County of Antioch Willie
 Township of Antioch
 Inc. Town of Antioch
 City of Antioch (No. 1 St. 1 Ward 1)
 (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
80688

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

(3) SEX OF CHILD girl **(4) Twin or Triplet** No **(5) Number in order of birth** 1 **(6) Age** year **(7) DATE OF BIRTH** Oct 18 1923
 (Month of Month) (Day) (Year)

FATHER.
(8) NAME Ernest Brown
(9) PRESENT RESIDENCE OF FATHER Antioch
(10) COLOR OR RACE Black **(11) AGE AT LAST BIRTHDAY** 27
(12) BIRTHPLACE forming
(13) OCCUPATION forming

MOTHER.
(14) NAME BEFORE MARRIAGE Willie Martin
(15) PRESENT RESIDENCE OF MOTHER Antioch
(16) COLOR OR RACE Black **(17) AGE AT LAST BIRTHDAY** 22
(18) BIRTHPLACE forming
(19) OCCUPATION forming

(20) Number of children born to mother, including present birth 13
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 8:00 P. M.
 on the date above stated.
(23) (Signature) L. B. Borden
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Antioch

(26) Witness Antioch
 (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1923 **(28) Local Registrar** J. M. Borden

(29) Registrar 19
 (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.)