

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and must be
 in 2-2a 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 A. S. C. H. E. R. V. I. L. L. E.
 Township of M. A. G. N. A. L. I. A.
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 109... Registered No. 191...
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>200</u>	(6) Age Parents Married	(7) DATE OF BIRTH <u>Oct 5 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>George Wardlaw</u>			(14) NAME BEFORE MARRIAGE <u>Barrie Lesley</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Balchoun Falls, S. C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Balchoun Falls, S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36-</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>36-</u> (Years)	(16) BIRTHPLACE <u>A. S. C. H. E. R. V. I. L. L. E. C. O.</u>
(17) BIRTHPLACE <u>A. S. C. H. E. R. V. I. L. L. E. C. O.</u>	(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>5</u>	
(20) Number of children born to mother, including present birth <u>6</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 11... P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bela Kniss
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Balchoun Falls

Given name added from a supplement-
 al report

(26) Witness (Signature of Witness necessary only
 when question 23 is signed by mark)
Oct 10 1923 (27) F. H. Mance
 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.