

MARGIN REMOVED - NO PAIN MEASURING.
 WITH UNPAID INK - THIS IS A PERMANENT MARKER.
 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 2.

(1) PLACE OF BIRTH

County of Newberry
 Township of No. 2
 Inc. Town of
 City of

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

No. - For State Registrar Only
4663

Registration District No. 3400 Registered No. 7
 (For use of Local Registrar)
 (No. M.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3. SEX OR GIRL? Boy 4. Twin or Triplet No 5. Number in order of birth 6 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb 16 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Colie L. Huntz
 9. PRESENT POSTOFFICE OF FATHER Newberry S.C. R # 2
 10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 29
 12. BIRTHPLACE Newberry Co. S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 16

MOTHER.

14. NAME BEFORE MARRIAGE Marie Cannon
 15. PRESENT POSTOFFICE OF MOTHER Newberry S.C. R # 2
 16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 30
 18. BIRTHPLACE Newberry Co. S.C.
 19. OCCUPATION Farm & Housework
 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.,
 on the date above stated. Born alive or stillborn? (Hour A.M. or P.M.)

(23) (Signature) Emma Tucker (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Newberry S.C.

(When name added from a supplemental report)

(26) Witness J. B. Cunningham (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 18 1923 (28) James Ruff 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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