

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

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

File No.—For State Registrar Only
2673

(1) PLACE OF BIRTH
 County of Aiken
 Township of Highway 5th
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 206 Registered No.
 (For use of Local Registrar)

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

(3) SEX OR CHILD Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Age of child at birth yes (7) DATE OF BIRTH Feb 27, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Whitestone
 (9) PRESENT POSTOFFICE OF FATHER Perry, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Stevenson
 (15) PRESENT POSTOFFICE OF MOTHER Perry, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child who was born at 6:30 P.M.
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul A. Phillips
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Springfield, S.C.

Given name added from a supplemental report

 Registrar

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

(27) Filed Feb 27, 1923 (28) 1 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.