

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

2044

Registration District No. 600 Registered No. 69
(For use of Local Registrar)

(No. St. Ward)

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

(1) NAME-Last First Middle	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 6 1923</i> (Name of Month) (Day) (Year)
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MOTHER.

(2) Number of children born to mother, including present birth

(71) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23)	(Signature)	<i>Mary Black</i>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed Feb. 8th 1923. (28) *W. B. Bond*

*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 of stillbirths before the fifth month of pregnancy.