

WRITE FULLY, WITH VIGILANCE, AND MARK THE
 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 4.

(1) PLACE OF BIRTH

County of Fairfield
 Township of A. 2
 or
 Inc. Town of
 or
 City of
 (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

No. for State Registrar Only
40124

Registration District No. 19A-2 Registered No. 25
 (For use of Local Registrar)

(2) Full Name of Child

William Bladen

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) Are Parent Married yes (7) DATE OF BIRTH Feb. 11, 1925
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Claude Bladen
 (9) PRESENT OCCUPATION OF FATHER Black/retro, N. 4
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Year)
 (12) BIRTHPLACE Fairfield C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Lottie Bader
 (15) PRESENT OCCUPATION OF MOTHER Black/retro, N. 4
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (Year)
 (18) BIRTHPLACE Fairfield C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.) 12

(22) (Signature) Betty Hall
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Black/retro, N. 4

Given name added from a supplemental report

 Registrar

(25) Witness Mrs. L. F. Faircloth
 (Signature of Witness necessary only when question 21 is signed by mark)
 (26) Date Jan. 10, 1925 (27) Mrs. L. F. Faircloth

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.