

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH EXPANDING INK.—THIS IS A PERMANENT RECORD.
 In 2-3 cases 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 Bayne
 Township of Blackville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 1-For Sub Registrar
31766

Registration District No. 504 Registered No. 142
 (For use of Local Registrar)

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

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 (7) DATE OF BIRTH Nov 3 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Mathis
 (9) PRESENT RESIDENCE OF FATHER Blackville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bradley
 (15) PRESENT RESIDENCE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION S. C.
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 5:20 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Callie May
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Blackville

Given name added from a supplemental report

(25) Witness
 (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Dec 1 1923 (27) U. S. A.

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