

MARGIN RESERVED FOR BINDING.

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

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		37455	
Township of <u>Blytheboro</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No <u>38.1.0</u>		Registered No. <u>160</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Wladyslaw</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 29, 1923</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>W. L. Hinnant</u>		(14) NAME BEFORE MARRIAGE <u>Countess</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia 12th</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia 12th</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>19</u>	
(12) BIRTHPLACE <u>Berkman</u>		(18) BIRTHPLACE <u>Blytheboro</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:2</u> M., on the date above stated.					
(23) (Signature) <u>Rebecca Stearns</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Blytheboro S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19		(27) Filed <u>Nov 25, 1923</u> <u>W. A. H. L.</u>			
Registrar		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.