

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		5413	
Township of <u>Fish Dam</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of <u>Carlisle S.C.</u>		Registration District No. <u>42.03</u>		Registered No. <u>9</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>B. Am. Arnett</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 11 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jess Arnett</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Kelly</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Carlisle S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Carlisle S.C.</u>		
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was ..... M., on the date above stated. (Born <u>live</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Glenn</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Carlisle S.C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>R.H.G. etc.</u>					
(27) Filed <u>Mar 9 1923</u> (28) <u>R.H.G. etc.</u> 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 stillborns before the fifth month of pregnancy.