

MARGIN RESERVED FOR BINDING.  
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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Hobbesville</u>		STATE OF SOUTH CAROLINA		20644	
Township of <u>Lacey Corner</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>107</u>		Registered No. <u>29</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>Ben Black Jr</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 20, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben Black</u>			(14) NAME BEFORE MARRIAGE <u>Ola Dutch</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hobbesville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hobbesville</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Hobbesville</u>			(18) BIRTHPLACE <u>Hobbesville Co</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>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <u>Alive</u> ... at <u>3:20</u> M., on the date above stated. (Sound alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>Corrie Evans</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>717 N. Main St. Hobbesville</u>					
Given name added from a supplemental report					
(26) Witness <u>W. F. Miller</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 15, 1923</u> (28) <u>E. R. Miller</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.