

WRITING 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 8.

(1) PLACE OF BIRTH

County of Dorchester

Township of Edinboro

or
Inc. Town of

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

Registration District No. 1706

File No.—For State Registrar Only

3704

Registered No.

(For use of Local Registrar)

(No. DRIGGERS St.; Ward)

(2) Full Name of Child NAT. NAME

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? t (5) Number in order of birth? 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 23, 1923
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Luther Postel
 (9) PRESENT POSTOFFICE OF FATHER Ravenel, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Dorchester, Co.
 (13) OCCUPATION Laborer

MOTHER

(14) NAME BEFORE MARRIAGE Percious Driggers
 (15) PRESENT POSTOFFICE OF MOTHER Ravenel, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)
 (18) BIRTHPLACE Dorchester, Co.
 (19) OCCUPATION None

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 3:15 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Ernest W. Simon
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 25, 1923 (28) R. L. B. 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.

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