

MASSACHUSETTS BIRTH RECORDS
 WHITE PLAINLY, WITH A RED LINE INK—THIS IS A PLAIN COPY OF THE
 BIRTH RECORD. IF THE CHILD IS A GIRL, THE NAME OF THE CHILD, AND THE NAME OF THE
 MOTHER, SHOULD BE WRITTEN IN THE SPACE PROVIDED FOR THE NAME OF THE CHILD, AND THE NAME OF THE
 MOTHER, SHOULD BE WRITTEN IN THE SPACE PROVIDED FOR THE NAME OF THE MOTHER.

(1) PLACE OF BIRTH

County of Marble
 Township of Yehon
 Inc. Town of —
 City of —

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41815

Registration District No. 330.4 Registered No. 1.4.7
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>—</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 25, 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Itos Perich</u>		(14) NAME BEFORE MARRIAGE <u>Sallie Spear</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blis St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Blis St</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>St</u>		(18) BIRTHPLACE <u>St</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>—</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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M. on the date above stated. (Designative or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
[Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 17, 1923 (28) [Signature] 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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