

USE 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 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

6286

Registration District No. 905

Registered No. 25

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Was Mother Yes (7) DATE OF BIRTH Feb 8 1923 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Moses Buckingham
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Rail-Road Hand
 (14) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Cordelia Francis
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION
 (20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Annie Kinchen (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed March 23 1923 (28) Wm. C. H. Hills 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.