

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

BUREAU OF STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pulaski
 Township of Living
 OF
 Inc. Town of Easley
 OF
 City of Easley
 (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

File No.—For State Registrar Only
4912

Registration District No. 37-2 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|--|---|------------------------------|---|---|
| (3) BOY OR GIRL <u>Inf</u> | (4) Twin or Triplet To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 5 - 1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>E. R. Yellowway</u> | | | (14) NAME BEFORE MARRIAGE <u>Edna Fortner</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Easley S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Easley S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | |
| (12) BIRTHPLACE <u>Pulaski</u> | | | (18) BIRTHPLACE <u>Pulaski</u> | |
| (13) OCCUPATION <u>Teacher</u> | | | (19) OCCUPATION <u>Domestic</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 alive at Living M., on the date above stated. (How S. M. or F. M.)

(23) (Signature) Lee Wallace
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife Easley, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed Mar. 1 1923 (28) Lee Wallace 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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