

THIS UNPAID FOR—THIS IS A PERMANENT RECORD.
 R. 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 1.

(1) PLACE OF BIRTH

County of Hanover
 Township of Row
 Inc. Town of Scotia, SC
 City of Scotia

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

File No.—For State Registrar Only

7319

Registration District No. 2401

Registered No. 9
 (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 Annie Marion DeLoach

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 19 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. J. DeLoach
 (9) PRESENT POSTOFFICE OF FATHER Scotia
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Scotia
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Davis
 (15) PRESENT POSTOFFICE OF MOTHER Scotia, SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Scotia
 (19) OCCUPATION Scotia
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. R. Roper
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Scotia, SC

Given name added from a supplemental report

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

(27) Filed 19 (28) 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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