

MARGIN RESERVED FOR BINDING.

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

N. 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 8.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		27524	
Township of <u>Christ Church</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <u>9.0.1.</u>		Registered No. <u>122</u>	
City of		(No. St.; Ward)		(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 <u>Nat Nance</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Type of Birth To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 18 1923</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Brown</u>			(9) NAME BEFORE MARRIAGE <u>Rebecca Grant</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>W. Pleasant</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>W. Pleasant</u>		
(12) COLOR OR RACE <u>Negro</u>			(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(14) BIRTHPLACE <u>S. C.</u>			(15) COLOR OR RACE <u>Negro</u>		
(16) OCCUPATION <u>Laborer</u>			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(18) BIRTHPLACE <u>S. C.</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>live</u> at <u>7 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Finckley</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>W. Pleasant S. C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Mary Finckley</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Sept 23 1923</u> (28) <u>J. A. Gault</u> Registrar 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.