

B-3-35 one of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make a
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Clatsop
 Township of Washburn
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 2690
 (For use of Local Registrar Only)

Registration District No. 216 Registered No. 7
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH Feb 12, 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Robert Middleton
 (9) PRESENT POSTOFFICE OF FATHER Nagaur
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE Ind
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 6

MOTHER
 (14) NAME BEFORE MARRIAGE Jessie Beckley
 (15) PRESENT POSTOFFICE OF MOTHER Nagaur
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
 (Year) (18) BIRTHPLACE Ind
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:29 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ginter
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nagaur

Given name added from a supplement-
 al report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by)
 (27) Filed July 19, 23 (28) J. H. Paul
 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.