

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 Orangeburg
 Township of Lowndes
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (if birth occurs in a hospital or other institution, give name of street and number.)

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

Registration District No. 3611 Registered No. 14
 (For use of Local Registrar)

File No.—For State Registrar Only
12403

(2) Full Name of Child Lora ~~Michael~~ (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph M. Michael (14) MARR. BEFORE MARRIAGE Yes
 (9) PRESENT POSTOFFICE OF FATHER Waylon (15) PRESENT POSTOFFICE OF MOTHER Waylon
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE Orangeburg Co (18) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farm (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 6 (21) Number of children of this mother ever 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 born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jusan Rock
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waylon

Given name added from a supplemental report: _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/27 19 27 (28) W. W. Green 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.

SCHEM OF COLUMBIA. COLUMN: B. C.