

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 2.

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

County of Charleston
 Township of Christ Church
 Inc. Town of
 City of (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 901 Registered No. 129
 (For use of Local Registrar)

(1) PLACE OF BIRTH

(2) Full Name of Child Louis Smith (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 No (6) Are Parents Married No (7) DATE OF BIRTH Sept. 22, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smith
 (9) PRESENT POSTOFFICE OF FATHER Mt Pleasant
 (10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE W. C.
 (13) OCCUPATION laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Stevens
 (15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant
 (16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 25
 (Year)
 (18) BIRTHPLACE W. C.
 (19) OCCUPATION laborer

(20) Number of children born to mother, including present birth two (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Bess Richardson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Pleasant

Given name added from a supplemental report

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

(27) Filed Sept. 28, 1923 (28) G. H. Child 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.