

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN 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 Albemarle
 Township of Albemarle
 Inc. Town of Warrenton
 City of Warrenton
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 204 Registered No. 107
 (For use of Local Registrar)

St. Warrenton Ward 1
 (If child is not yet named, make appropriate entry as desired.)

(2) Full Name of Child Allen James
 (1) SEX M (2) Type — (3) Number in order of birth — (4) Date of birth Oct 24 1923
 (5) Date of birth (Month) (Day) (Year)

FATHER.
 (1) Full name Frank Perry
 (2) Present residence of father Warrenton S.C.
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE Edgfield S.C.
 (13) OCCUPATION mill operator
 (14) Number of children born to mother, including present child 1

MOTHER.
 (10) NAME BEFORE MARRIAGE Albin Hunter
 (11) PRESENT RESIDENCE OF MOTHER Warrenton S.C.
 (12) COLOR White (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Saluda S.C.
 (19) OCCUPATION Home wife
 (21) Number of children of this mother now living, including present child 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was Albin (Born alive or stillborn) (Hour A. M. or P. M.) 9 A. M.
 on the date above stated.
 (23) (Signature) S. E. Marshall
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Warrenton S.C.

Given name added from a supplementary report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Nov 8 1923 (28) W. R. Turnbull 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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