

WRITES 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 1.

(1) PLACE OF BIRTH

County of Mustard
 Township of Christ House
 or
 Inc. Town of

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

No. for State Registrar Only
3430

Registration District No. 2.0.3 Registered No. 216
 (For use of Local Registrar)

City of (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

If child is not yet named, make supplemental report as directed

| | | | | |
|--|--|-------------------------------------|---|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Age Person Married <u>4 1/2</u> | (7) DATE OF BIRTH <u>Feb 16, 1923</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>James David Fincher</u> | | | (14) NAME BEFORE MARRIAGE <u>Ethel May Smith</u> | |
| (9) PRESENT POST OFFICE OF FATHER <u>Christ House, S.C.</u> | | | (15) PRESENT POST OFFICE OF MOTHER <u>Christ House, S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>31</u> (Year) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>30</u> (Year) | |
| (12) BIRTHPLACE <u>S.C.</u> | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Clerk.</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>Five</u> | | | (21) Number of children of this mother now living, including present birth <u>Five</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Pearson
 (24) State whether (25) Physician or Midwife (26) Address of Physician or Midwife
Prep Christ House, S.C.

Given name added from a supplemental report

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

(27) Filed Mar 5, 1923 (29) W. S. Swisher
 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.

A child born before the fifth month of pregnancy.

before the fifth month of pregnancy.