

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 St. Charles
 Township of St. Charles
 Inc. Town of.....
 City of.....
 (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. 109 Registered No. 9
 (For use of Local Registrar)

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

(3) SEX girl (4) Type or Token yes (5) Number in order of birth 1 (6) Age now 23 (7) DATE OF BIRTH Feb. 3, 1923
 (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER. MOTHER.

(1) NAME BEFORE MARRIAGE Virginia Bernie (1) NAME BEFORE MARRIAGE Angie Harris
 (2) PRESENT ADDRESS OF FATHER Balham Falls, D. C. (2) PRESENT ADDRESS OF MOTHER Balham Falls, D. C.
 (3) COLOR negro (3) COLOR negro
 (4) AGE AT LAST BIRTHDAY 31 (4) AGE AT LAST BIRTHDAY 24
 (5) BIRTHPLACE St. Charles Co (5) BIRTHPLACE St. Charles Co
 (6) OCCUPATION Farmer (6) OCCUPATION Domestic
 (7) Number of children born to mother, including present birth 4 (7) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (29) (Signature) Elmina Washington
 (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Balham Falls
 Given name added from a supplemental report
 (32) Witness (Signature of Witness necessary only when question 28 is signed in ink)
 (33) Signed Feb. 20, 1923 Flora Vance Local Registrar

When the attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth occurs, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.