

MARGIN RESERVED FOR BINDING.
 WHERE 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 6.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lancaster S.C.
 Township of Buffalo
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15504

Registration District No. 2800

Registered No. 32

(For use of Local Registrar)

(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 W. J. Perry

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1932
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME X
 (9) PRESENT POSTOFFICE OF FATHER X
 (10) COLOR OR RACE X (11) AGE AT LAST BIRTHDAY X
 (Year)
 (12) BIRTHPLACE X
 (13) OCCUPATION X
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lonnie Perry
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE
 (19) OCCUPATION farmining
 (21) Number of children of this mother now living, including present birth 2 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Rachel Duren
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lancaster S.C. / R#5
 Given name added from a supplemental report
 (26) Witness Mrs. Millie Duren
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 16 1932 (28) A. M. Hinson
 Registrar 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.