

MARGIN REMOVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. B. 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.

(1) PLACE OF BIRTH

County of Larrend
 Township of St. Michaels
 OF
 Inc. Town of.....
 OF
 City of Larrend

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

4397

Registration District No. 2901 Registered No. 19
 (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 Marish Mary Moon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Age Parents Married Yes (6) DATE OF BIRTH Apr 12 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Martin Moon
 (9) PRESENT POSTOFFICE OF FATHER Wmgs SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 52 (Year)
 (12) BIRTHPLACE Larrend
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marish Shell
 (15) PRESENT POSTOFFICE OF MOTHER Wmgs
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE Larrend S.C.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) 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.)

(22) (Signature) midwife (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Wmgs

Given name added from a supplemental report
 (25) Witness Marish Mary Moon (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Local Registrar W. H. ...
 (27) Local Registrar W. H. ...

*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.