

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. AND MARK THE WRITE PLAINLY. 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.

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

No. 1a.—For State Registrar Only
5800

(1) PLACE OF BIRTH
 County of Anderson
 Township of Rowland
 Inc. Town of
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 351 Registered No. 4
 (For use of Local Registrar)

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

(2) Full Name of Child Levi Perkins

(3) BOY OR GIRL girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH March 7, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Levi Perkins
 (9) PRESENT POSTOFFICE OF FATHER Edisto S.C. #2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Year)
 (12) BIRTHPLACE Denver Co. S.C.
 (13) OCCUPATION Iron Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE William Rice
 (15) PRESENT POSTOFFICE OF MOTHER Edisto S.C. #2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)
 (18) BIRTHPLACE Anderson Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. R. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Edisto S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
April 10, 1923 (27) Filed W. C. Campbell 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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