

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Honolulu
 or
 Inc. Town of.....
 or
 City of.....

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

For Use—For State Registrar Only
8930

Registration District No. 105 Registered No. 25
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD (4) Twin or Triplet (5) Number in order of birth 10th (6) Are Parents Married Yes (7) DATE OF BIRTH April 10 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Pouya Harris
 (9) PRESENT POST-OFFICE OF FATHER Honolulu, S. C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Abbeville
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE Rla Watson
 (15) PRESENT POST-OFFICE OF MOTHER Honolulu, S. C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bucka Pressley (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Blue West, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed May 10 1923 (28) Honolulu, S. C. Local Registrar.

When there are 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.