

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH ENLARGING 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		20408	
Township of <u>Trussey</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>1</u>		Registered No. <u>8</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Franklin</u>		(If child is not yet named, make supplemental report as directed)			
3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 8</u> 19 <u>12</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>John Dick</u>			14) NAME BEFORE MARRIAGE <u>Essie Lucille</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Union S. C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Union S. C.</u>		
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
12) BIRTHPLACE <u>Union S. C.</u>			18) BIRTHPLACE <u>Union S. C.</u>		
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>		
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Franklin</u> P. M., on the date above stated. (Born alive or stillborn—Hour A. M. or P. M.)					
(23) (Signature) <u>John Dick</u>			(25) Address of Phys. or Midwife <u>Union S. C.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>8</u> 19 <u>12</u> (28) <u>John Dick</u> Local Registrar.		
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.