

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5

(1) PLACE OF BIRTH
 County of Yehin
 Township of Trigg
 or
 City or Town of Granville
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 80728
 Registered No. 58
 (For use of Local Registrar)

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

(3) SEX OR CHILD Y (4) Twin or Triplet — (5) Number in order of birth — (6) Age of Child 2 (7) DATE OF BIRTH Oct 24 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Nice Whitnont
 (9) PRESENT RESIDENCE OF FATHER Granville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Mill operator
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Lela Mae. Hudson
 (15) PRESENT RESIDENCE OF MOTHER Granville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Ref.
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alma at 5 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) S. B. Marshall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Granville S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 8 1927 W. R. Threlkeld, Jr. Local Registrar.

When the child is born to a physician or midwife, then the father, householder, etc., should make this return. If a stillbirth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.