

MAILED - REGISTERED FOR BIRTHING.
 WHITE PLAINLY. WITH UNFADING INK - THIS IS A PERMANENT RECORD.
 M. 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 6.

(1) PLACE OF BIRTH

County of Albermarle
 Township of Rocky Mount
 or
 Inc. Town of.....
 or
 City of.....

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

No. 1. - For Use by Registrar Only
20698

Registration District No. 1A.4 Registered No. 6-1
 (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 Agnes Frances (If child is not yet named, make supplemental report as directed)

(3) SEX Female (4) TIME OF DAY 10 (5) DATE OF BIRTH 08 07 23
 (Name of Month) (Day) (Year)

FATHER.
 (6) NAME Leroy F. Finner
 (7) RESIDENT ADDRESS OF FATHER Rocky Mount N.C.
 (8) COLOR negro (9) AGE AT LAST BIRTHDAY 23
 (10) BIRTHPLACE Georgia
 (11) OCCUPATION Day Laborer
 (12) Number of children born to mother, including present birth 1

MOTHER.
 (13) NAME BEFORE MARRIAGE Daisy Mackin
 (14) RESIDENT ADDRESS OF MOTHER Rocky Mount N.C.
 (15) COLOR negro (16) AGE AT LAST BIRTHDAY 26
 (17) BIRTHPLACE all co.
 (18) OCCUPATION school girl
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at Rocky Mount, N.C.
 on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(21) (Signature) W. L. Finner
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife Rocky Mount N.C.

Given name added from a supplemental report
 (24) Witness (Signature of witness necessary only when question 23 is signed by mark)
 (25) Filed Attn: 12.12.23 (26) J. H. Branch 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.

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