MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
26126

(1) PLACE OF BIRTH
County of Saluda
Township of # 2
or
Inc. Town of ..... Registration District No. 3901 Registered No. 86
(For use of Local Registrar)
or
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 Ola Maybell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl		4	Yes	July, 1, 23 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Henry Watson	(14) NAME BEFORE MARRIAGE Nina Williams
(9) PRESENT POSTOFFICE OF FATHER Ridge Spring	(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Saluda Co.	(18) BIRTHPLACE Saluda Co.
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4	(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 7 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. L. Frontis M.D.

(24) State whether Physician or Midwife Phys. | (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed Sept 7 1923 (28) Mrs J. S. Crouch 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.

*When there was no attending physician or midwife, then the father, ... 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.

McCaw, of Columbia.