

X. 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>St. Phillips</u>		STATE OF SOUTH CAROLINA		8998	
Township of <u>Magnolia</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>109</u>		Registered No. <u>38</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>Howard Lee Dease</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 6 1923</u> (Month of birth) (Day) (Year)	
(8) FATHER			(9) MOTHER		
(10) FULL NAME <u>Amrose Dease</u>			(11) NAME BEFORE MARRIAGE <u>Martha M. Collopy</u>		
(12) PRESENT POSTOFFICE OF FATHER <u>Balcham Falls Route</u>			(13) PRESENT POSTOFFICE OF MOTHER <u>Balcham Falls Route</u>		
(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(18) BIRTHPLACE <u>St. Phillips Co</u>			(19) BIRTHPLACE <u>St. Phillips Co</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Domestic</u>		
(22) Number of children born to mother, including present birth <u>4</u>			(23) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <u>a live</u> <u>at 9</u> <u>PM.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>Anne Gray</u>					
(26) State whether Physician or Midwife <u>Midwife</u>					
(27) Address of Physician or Midwife <u>Balcham Falls Rd.</u>					
(Given name added from a supplemental report)					
(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(29) Filed <u>April 10 1923</u> (30) <u>W. B. Jones</u> 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.