

1. 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 1.

(1) PLACE OF BIRTH

County of Albemarle  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. 2701 - For State Registrar Only

Registration District No. 46.00 Registered No. 14  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Type or Triplet ..... (5) Number in order of birth 1 (6) Age of Child 2 1/2 (7) DATE OF BIRTH Feb 8, 23  
 To be answered only in case of Twins or Triplets (Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Don't know  
 (9) PRESENT RESIDENCE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Amy Platter  
 (15) PRESENT RESIDENCE OF MOTHER Albemarle SC  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 12 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farm Work  
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (23) (Signature) Dr. J. H. Boyd (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Albemarle SC

Given name added from a supplemental report .....  
 (26) Witness J. H. Boyd (Signature of witness necessary only when question 23 is signed by mother)  
 (27) Filed Feb 1, 1923 (28) J. H. Boyd 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.