

MARGIN REMOVED FOR READING

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.

**(1) PLACE OF BIRTH**  
 County of Lancaster  
 Township of Little Creek  
 or Inc. Town of \_\_\_\_\_  
 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

Registration District No. 2804 Registered No. 175  
 (For use of Local Registrar)

**(2) Full Name of Child** Robert Lee Bailey St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? _____ To be answered 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>Oct 22 1923</u> (Name of Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>James Bailey</u>	(14) NAME BEFORE MARRIAGE <u>Ed. Tical</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Little Creek</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(17) AGE AT LAST BIRTHDAY _____ (Years)
(12) BIRTHPLACE <u>S. Car</u>	(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>9 (nine)</u>	(21) Number of children of this mother now living, including present birth <u>6 (six)</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. T. Tilton  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report See app 52  
3-76-52  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed Oct 22 1923 (28) John H. Harrison  
 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.

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