

MARGIN DESIGNED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLANK 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**

32862

(1) PLACE OF BIRTH

County of Albany  
Township of Bedford  
or  
Inc. Town of.....  
or  
City of .....

Registration District No. 203 Registered No. 46  
(For use of Local Registrar)

**(2) Full Name of Child**

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>—</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>—</i>	(6) Are Parents Married? <i>yes</i>	BIRTH <i>Sept 23 1923</i> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Bennjamin Russell Rawls

(9) PRESENT POSTOFFICE OF FATHER Steadman, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE

0.6

(13) OCCUPATION

Thorne

... number of children born to

Number of children  
mother, including present birth

**CERTIFICATE OF ATTEND**

(14) NAME BEFORE MARRIAGE *Leila Horsey*

(15) PRESENT POSTOFFICE OF MOTHER Steadman, S.C.

(15) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16  
(Year)

(18) BIRTHPLACE *ee*

D. D.

(19) OCCUPATION  
31

Nowakowski

(21) Number of children of this mother

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 11 A.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
ma. Whitlock m.d.

(23) (Signature)	<i>[Signature]</i>	(25) Address of Physician or Midwife	<i>[Address]</i>
(24) State whether Physician or Midwife			<i>[Address]</i>

Given: name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 17 1927 (28) Local Registrar.

\*\*\*\*\* 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.

even once it must not be reported as stillborn. No report is desired or required before the death of pregnancy. *Mrs. [unclear]*

*This is one from the [illegible] [illegible]*