

NEVER WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 *Adams*
 Township of *Rocky Spring*
 or
 Inc. Town of
 or
 City of

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

Registration District No. *716*

File No.—For State Registrar Only
97

Registered No. *8*
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1*
 To be answered only in case of Twins or Triplets (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 6, 1925*
 (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME *Geo. Ables*
 (9) PRESENT POSTOFFICE OF FATHER *Kitchings Mills S.C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*
 (Year) (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *2*

MOTHER
 (14) NAME BEFORE MARRIAGE *Ida Myrtis Spradley*
 (15) PRESENT POSTOFFICE OF MOTHER *Kitchings Mills S.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*
 (Year) (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:50 P.M.*
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. A. Whitlock, M.D.*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Kitchings Mills S.C.*
 Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed *Jan 13, 1925* (28) *J. H. Paul* 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.

MISSOURI or COLUMBIA, COLUMBIA, S. C.