

MARGIN RESERVED FOR BINDING.

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 4.

Division of Columns, Columns B & C

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cassopolis  
 OF  
 Inc. Town of .....  
 UP  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42840

Registration District No. H001aRegistered No. 145  
(For use of Local Registrar)

(No. 112/21) ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Eliza

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl

4) Twin or Triplet?

5) Number in order of birth

6) 25  
BIRTH  
Married?

7) DATE OF

BIRTH Apr 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Willie Elijah9) PRESENT POSTOFFICE OF FATHER Campobello R110) COLOR OR RACE B11) AGE AT LAST BIRTHDAY 35  
(Year)12) BIRTHPLACE SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Mada Elijah15) PRESENT POSTOFFICE OF MOTHER Campobello R116) COLOR OR RACE B17) AGE AT LAST BIRTHDAY 25  
(Year)18) BIRTHPLACE SC19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Marie Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Give name added from a supplemental report)

(26) Witness

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

(27) Filed 23

(28)

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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