

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child *Eva Rosa Prescott* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Jan. 18 1906</i>
<small>In no answer only in case of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.		MOTHER.	
(8) FULL NAME <i>Joe Prescott</i>	(14) NAME BEFORE MARRIAGE <i>Mitchell</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Colliers</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Collier</i>
(10) COLOR OR RACE <i>neg.</i>	(11) AGE AT LAST BIRTHDAY <i>42</i>	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>38</i>
(12) BIRTHPLACE <i>S. C.</i>	(13) OCCUPATION <i>Farmer</i>	(18) BIRTHPLACE <i>S. C.</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>Seven</i>	(21) Number of children of this mother now living, including present birth <i>7</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Hester Wash*(24) State whether Physician or Midwife; (25) Address of Physician or Midwife *Colliers*

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Jan 24 1906* (28) *T. E. Miller*  
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.

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 8.

McCaw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48892

Registration District No. .... Registered No. *4*

(For use of Local Registrar)

(No. .... St.; .... Ward)

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