

MARGIN RESERVED FOR BINDING.

WHITE 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Rapley Creek*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87646

Registration District No. *4106*

Registered No. *133*
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mary Holliday*

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 *3*

(6) Are Parents Married?

(7) DATE OF BIRTH *Nov. 30, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Not Known*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Easter Holliday*

(15) PRESENT POSTOFFICE OF MOTHER *Kumbert*

(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *Sumter Co*

(19) OCCUPATION *Field Labourer*

(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* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julia Carter*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Kumbert*

Given name added from a supplemental report

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

(27) Filed *Dec 2, 1916* (28) *J. C. Haller* 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.