

THIS IS A PERMANENT RECORD. WITH UPWARDING 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 1.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Lancaster
 Township of Flat Creek
 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.)

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

Registration District No. 2803 Registered No. 90
 (For use of Local Registrar)

No. 35127—For State Registrar Only

(2) Full Name of Child..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age Parents Married <u>4 1/2</u>	(7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)
--	---	---	--	---

FATHER		MOTHER	
(8) FULL NAME <u>Will Kirkland</u>	(14) NAME BEFORE MARRIAGE <u>Corrie Drakeford</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Kershaw S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kershaw S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Lancaster</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Kershaw</u>	(19) OCCUPATION <u></u>
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....
 on the date above stated.

(23) **Signature**.....
 (24) **Name**.....
 (25) **Address of Physician or Midwife**.....

Given name added from a supplemental report.....

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

(27) **Filed**.....
 (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.