

M. H.—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.  
 M. C. W. of Columbia.

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Richland  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Columbia, S.C.  
 (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

File No.—For State Registrar Only  
66038

Registration District No. 38A Registered No. 1249  
 (For use of Local Registrar)  
 (No. 10 Railroad Ave. St. 2 Ward)

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

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u> <small>In its second entry in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13</u> 19 <u>46</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>George Bryant</u>	(14) NAME BEFORE MARRIAGE <u>Daisy Meador</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(18) COLOR OR RACE <u>Colored</u>	(19) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Augusta G.A.</u>	(20) BIRTHPLACE <u>Fairfield S.C.</u>			(21) OCCUPATION <u>Cook</u>
(13) OCCUPATION <u>Railroad Hand</u>	(22) Number of children of this mother new living, including present birth <u>1</u>			(23) Number of children of this mother new living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 AM on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7 Minerva Alley

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 22 is signed)  
 (27) Filed 6/17/46 at \_\_\_\_\_ (28) [Signature]  
 Local Registrar

\*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child branches even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.