

MARGIN RESERVED FOR BINDING.

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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)

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

File No.—For State Registrar Only

87632

Registration District No. 4105 Registered No. 156  
(For use of Local Registrar)

(2) Full Name of Child Barnie Keith

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 19, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Horace Keith  
(9) PRESENT POSTOFFICE OF FATHER Providence S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Hattie P. Phillips  
(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 Alive at 1:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Burk (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 22, 1916 (28) B. McLaughlin 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.