

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.

MOON OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Clover
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

File No.—For State Registrar Only
40827

Registration District No. 304 Registered No. 124
(For use of Local Registrar)
St.; Ward
(No.)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 20, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Frederick
(9) PRESENT POSTOFFICE OF FATHER Iowa D.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Washington Ga
(13) OCCUPATION Gardner
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline M. H. Harsel
(15) PRESENT POSTOFFICE OF MOTHER Iowa D.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Shreveville D.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive at 11:50 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) D. H. Burkner
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Iowa D.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 20, 1927 (28) S. M. McAdams 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.