

N. B.—In case of TWINS or TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and number according to question 4.
MacCam of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charlotte
Township of 1st 2nd 3rd
OF
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
3395

Registration District No. 1107 Registered No. 4
(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 Masa Bell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 17 7 23
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo Miller
(9) PRESENT POSTOFFICE OF FATHER 1st 2nd 3rd
(10) COLOR OR RACE Black
(11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 1024

MOTHER.
(14) NAME BEFORE MARRIAGE Nicola Neely
(15) PRESENT POSTOFFICE OF MOTHER 1st 2nd 3rd
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1024

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10:09 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) M. Miller
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed 10/7/23 (28) M. Miller 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.