

MARGIN RESERVED FOR BINDING.  
WHITE PLAIN: WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 3

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spetba .....

(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

36389

Registration District No. 40-A Registered No. 496 .....

(For use of Local Registrar)

(No. 107 Pineview St.; ..... Ward)

(2) Full Name of Child Samuel Page .....

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 10 22 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. P. Devlin Jr.

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION R. R. Clerk

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Page

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Va.

(19) OCCUPATION Housewife

(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 4 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Allen

(24) State whether Physician or Midwife (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 11-1-22 (28) Jas. Cohen 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.