

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>Kershaw</u> Township of <u>North</u> 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 22734	
(2) Full Name of Child.....		Registration District No. <u>2401</u>		Registered No. <u>130</u> (For use of Local Registrar)	
<div style="display: flex; justify-content: space-between;"> <div> <p>(3) BOY OR GIRL? <u>Boy</u></p> <p>(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets</p> <p>(5) Number in order of birth <u>1</u></p> <p>(6) Are Parents Married? <u>Yes</u></p> </div> <div> <p>(7) DATE OF BIRTH <u>April 13, 1900</u> (Name of Month) (Day) (Year)</p> </div> </div>					
FATHER.			MOTHER.		
(8) FULL NAME <u>A. S. Phayor</u>			(14) NAME BEFORE MARRIAGE <u>Hand Berger</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Columbia S. C.</u>			(18) BIRTHPLACE <u>Columbia S. C.</u>		
(13) OCCUPATION <u>Free man</u>			(19) OCCUPATION <u>Free man</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was..... at..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. J. Phayor</u>			(24) State whether Physician or Midwife <u>Physician</u>		
(25) Address of Physician or Midwife <u>.....</u>			(26) Address of Physician or Midwife <u>.....</u>		
Given name added from a supplemental report.....			(27) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19..... Registrar			(28) Filed <u>Aug 1 1900</u> (29) <u>W. J. Phayor</u> 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.