

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 Richmond  
Township of Chickadee  
OR  
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

34375

Registration District No. 2003 Registered No. 53  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.; ..... Ward

(2) Full Name of Child Lee Henderson 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 24 27  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Willie Henderson  
(9) PRESENT POSTOFFICE OF FATHER Fluore SC  
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE Fla. Co.  
(13) OCCUPATION Term Labour  
(20) Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE .....  
(15) PRESENT POSTOFFICE OF MOTHER Do  
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 29  
(18) BIRTHPLACE Do  
(19) OCCUPATION Dom  
(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, M. A. Oline at Do M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Oline (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Do

Given name added from a supplemental report

(26) Witness M. A. Oline Jr (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Oct 25 27 (28) M. A. Oline Jr 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.