

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.
 State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Miller
 Township of Miller
 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

935

Registration District No. 1409

Registered No. 46
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Anna Mary Carter St.; Ward)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 16 22</u> (Sample Month) (Day) (Year)
(8) FULL NAME <u>Anna Carter</u>			(9) MOTHER <u>Thorne Locke</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Miller S C</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Miller S C</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) BIRTHPLACE <u>S C</u>
(17) OCCUPATION <u>Salesman - general store</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 5:20 M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) William A. Harrison
 (23) State whether Physician or Midwife
 (24) Address of Physician or Midwife Harrison's Office

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Feb 10 22
 (26) Filed Dr. H. H. Black
 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.

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