

MARGIN RESERVED FOR INDEXING.
WHITE PLAINS. WITH ENFOLDING TABS—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
PRINT-EDITION. No. 1 THE OTHER, No. 2, etc. In question 5
MICHIGAN OF COLUMBIA, COLUMBIA, N. C.

(1) PLACE OF BIRTH

County of Auderson
Township of Oak
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
3033

Registration District No. 326 Registered No. 17
(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

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

(3) ~~BOY~~ GIRL Girl (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Prater
(9) PRESENT POSTOFFICE OF FATHER Lawrenceville
(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE Aud. Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Francis McLean
(15) PRESENT POSTOFFICE OF MOTHER Lawrenceville
(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 25
(Year)
(18) BIRTHPLACE Aud. Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lawrenceville

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 8 1922

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Local Registrar

(28) J. T. Gallaway

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.