

WHITE 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  
Child of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of BambergTownship of B 6Inc. 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

58642

Registration District No. 401 Registered No. 39

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 14 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Risela waiker(9) PRESENT POSTOFFICE OF FATHER alar(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Bamberg, CD(13) OCCUPATION Sam Land(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Bryant(15) PRESENT POSTOFFICE OF MOTHER alar(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Bamberg, CD(19) OCCUPATION Sam Land(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 alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hanson M. M. M.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Collier St.

Given name added from a supplemental report

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Registrar

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

(27) Filed May 1 1916 (28) CB Ray 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.

Fifth month of pregnancy.

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