

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 6.

RECAP OF COLUMBIA, S. C.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Kershaw</u></p> <p>Township of</p> <p>OR</p> <p>Inc. Town of</p> <p>OF</p> <p>City of <u>Camden</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>BUREAU OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>43048</p>	
<p>(2) Full Name of Child <u>Lewis Winkins</u></p>		<p>Registration District No. <u>27-a</u></p>		<p>Registered No. <u>98</u></p> <p>(For use of Local Registrar)</p>	
<p>(3) BOY OR GIRL? <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>No</u></p> <p>To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Dec-1-1922</u></p> <p>(Name of Month) (Day) (Year)</p>	
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Willie Winkins</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Mamie Lewis</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Camden</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Camden</u></p>		
<p>(10) COLOR OR RACE <u>Colored</u></p>			<p>(16) COLOR OR RACE <u>Colored</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>27</u></p> <p>(Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>23</u></p> <p>(Years)</p>		
<p>(12) BIRTHPLACE <u>706 York St.</u></p>			<p>(18) BIRTHPLACE <u>Eastover, S.C.</u></p>		
<p>(13) OCCUPATION <u>Brookman, R.R.</u></p>			<p>(19) OCCUPATION <u>House Keeping</u></p>		
<p>(20) Number of children born to mother, including present birth <u>5</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>3</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Lewis Winkins</u> at <u>1:30</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>Nancy Long</u></p>					
<p>(24) State whether Physician or Midwife <u>Midwife</u></p>					
<p>(25) Address of Physician or Midwife</p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)</p>		
<p>..... 19</p> <p>Registrar</p>			<p>(27) Filed <u>Dec 10 1922</u> (28) Local Registrar</p>		

*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.