

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

MACAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Sumter
Township of Shiloh
or
Inc. Town of
or
City of (No. St.; Ward)
(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
5917

Registration District No. 4-107 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Malvinna Arnes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Northam Arnes
(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Harlington Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Arviller Arnes
(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Florence Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George Anah Kennedy
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elizabethburg S.C.

Given name added from a supplemental report

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

(27) Filed 2-12-22 L. B. McEwen 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.