

MARGIN RESERVED FOR BINDING.

WRITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of Johns Island  
or  
Inc. Town of.....  
or  
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rufus Commodore

File No.—For State Registrar Only

41373

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 905 Registered No. 112  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 10 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Commodore

(9) PRESENT POSTOFFICE OF FATHER Johns Island

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Johns Island

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Spencer

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Johns Island

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Amie Rinsley

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Signed Dec 20 1922 Mrs. G. M. Nills 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.