

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.

MECAVER OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 2604

County of Spartanburg
 Township of Capleton
 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.)

(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? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 26 19 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Herbert Smith</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Bollen</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Rembert SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert SC</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Rembert SC</u>	(16) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(10) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) BIRTHPLACE <u>Spartanburg</u>	(18) BIRTHPLACE <u>Spartanburg</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(19) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>6</u>
(12) BIRTHPLACE <u>Spartanburg</u>	(20) Number of children of this mother now living, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	
(13) OCCUPATION <u>Day laborer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary E. H. Hester (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rembert SC

Given name added from a supplemental report..... (26) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 14 19 22 (28) A. C. Hester 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.