CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 2364

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of .....
or
City of Columbia (No. ..... Green St., ... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3.9.a. Registered No. 1016 (For use of Local Registrar)

(2) Full Name of Child. Plate

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (Is the answer any in case of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	Twin	1	Yes	June 8, 1912

FATHER.

(8) FULL NAME: Harry Plate
(9) PRESENT POSTOFFICE OF FATHER: Columbia S.C.
(10) COLOR OR RACE: W
(11) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Drug Clerk
(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Clara Smith
(15) PRESENT POSTOFFICE OF MOTHER: Columbia
(16) COLOR OR RACE: W
(17) AGE AT LAST BIRTHDAY: 20 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [illegible]
(24) State whether Physician or ~~Midwife~~:
(25) Address of Physician or ~~Midwife~~: 1416 Hampton

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed June 17, 1912 (28) 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.

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