

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.

RECAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Amelia
 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
75904

Registration District No. 202 Registered No. 117
 (For use of Local Registrar)

(2) Full Name of Child Willie May Stoker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 1, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Elliott Stoker

(9) PRESENT POSTOFFICE OF FATHER H. Matthews & Co

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Mintz

(15) PRESENT POSTOFFICE OF MOTHER H. Matthews & Co

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farmer Laborer

(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 6 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Cheevers
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife H. Matthews & Co

Given name added from a supplemental report

 Registrar 19

(26) Witness ARable
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 16, 1916 (28) ARable 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.