

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH EXFADING INK—THIS IS A PERMANENT RECORD.
 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 3.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of **Sumter**
 Township of **Privateer**
 or
 Inc. Town of
 or
 City of

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

Registration District No. **4104**

File No. **9294** **File State Registrar Only**

Registered No. **27**
 (For use of Local Registrar)

(2) Full Name of Child **Dan Rhame**

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

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 **1** (6) Are Parents Married? **yes** (7) DATE **Feb. 16-1922**
 BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **David Rhames**
 (9) PRESENT POSTOFFICE OF FATHER **Sumter, S.C. No. 2.**
 (10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE **Clarendon Co. S.C.**
 (13) OCCUPATION **Farming**
 (20) Number of children born to mother, including present birth **Two**

MOTHER.

(14) NAME BEFORE MARRIAGE **Lissie Conyers**
 (15) PRESENT POSTOFFICE OF MOTHER **Sumter, S.C. No. 2.**
 (16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY (Years) **19**
 (18) BIRTHPLACE **Clarendon Co. S.C.**
 (19) OCCUPATION **House and Field Work.**
 (21) Number of children of this mother now living, including present birth **Two**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **9PM.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife **Midwife** *[Signature]*

Given name added from a supplemental report

(25) Witness *[Signature]*

Signature of Witness necessary when question 23 is signed *[Signature]*

3-25-1922.

(27) Filed *[Signature]*

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Registrar

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.