

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.

MACAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Oconee
Township of Center
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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43876

Registration District No. 2400 Registered No. 164
(For use of Local Registrar)

(2) Full Name of Child Samuel

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 29 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. H. H. H.
(9) PRESENT POSTOFFICE OF FATHER Westminster SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 72 (Years)
(12) BIRTHPLACE Carroll Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Myers
(15) PRESENT POSTOFFICE OF MOTHER Westminster
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born a live at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Rose

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lawnville SC

Given name added from a supplemental report

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

(27) Filed Jan 9 1923 (28) A. P. Martin 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.

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