

(1) PLACE OF BIRTH

County of

Township of

or

In. Town of

or

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59640

Registration District No. 1509

Registered No. 86

(For use of Local Registrar)

(3) BOY OR GIRL? boy

(4) Twin or triplet?

(5) Number in order of birth 6(6) Are Parents Married? yes(7) DATE OF BIRTH April 29 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Mack

(9) PRESENT POSTOFFICE OF FATHER

Linnonsville S.C.

(10) COLOR OR RACE

black(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Darlington Co. S.C.

(13) OCCUPATION

farming

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Martin

(15) PRESENT POSTOFFICE OF MOTHER

Linnonsville S.C.

(16) COLOR OR RACE

black(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

Darlington Co. S.C.

(19) OCCUPATION

House Wife

(20) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

W. L. Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Linnonsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-10-1906(28) T. E. Wilkes

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.

MARJON RECORDED FOR BIRMINGHAM. WITH UNPAID FEE.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.

City of Columbia