

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 2.
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York
Township of Longm.
OF
Inc. Town of
OF
City of

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

File No.—For State Registrar Only
26731

Registration District No. 44.07 Registered No. 86
(For use of Local Registrar)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of name and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age of child at birth 1 yr. (7) DATE OF BIRTH July 19 1925
(Age of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel L. L.
(9) PRESENT POSTOFFICE OF FATHER Longm., S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE York Co. S. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Martha
(15) PRESENT POSTOFFICE OF MOTHER Longm., S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
(18) BIRTHPLACE York Co. S. C.
(19) OCCUPATION Farmer
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Samuel L. L.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Longm., S. C.

Given name added from a supplemental report

(25) Witness Roberta Moore (Signature of Witness necessary only when question 23 is signed by Father)

(26) Filed Aug. 15 1925 (27) Chas. Ford Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired, of course, before the fifth month of pregnancy.