

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.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>A. S. Berwick</i>		STATE OF SOUTH CAROLINA		12555	
Township of <i>Snagsboro</i>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <i>109</i>		Registered No. <i>52</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Willie Mae Postell</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 29, 23</i>	
To be covered only in case of Twin or Triplet		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <i>Snape Postell</i>			(14) NAME BEFORE MARRIAGE <i>Rosa Dawson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Calhoun Falls, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Calhoun Falls, S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>		
(11) AGE AT LAST BIRTHDAY <i>24</i>			(17) AGE AT LAST BIRTHDAY <i>22</i>		
(12) BIRTHPLACE <i>St. Berwick Co.</i>			(18) BIRTHPLACE <i>St. Berwick Co.</i>		
(13) OCCUPATION <i>Rail Road Worker</i>			(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>4 P. M.</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Sallie Campbell</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Calhoun Falls</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <i>June 7, 23</i> (28) <i>A. L. Spence</i> 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.