

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.
RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of 2nd
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

9498

Registration District No. 5-100

Registered No. 2
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street 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
To be answered only in case of Twin or Triplet

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard P. Burton

(9) PRESENT POSTOFFICE OF FATHER Chambers St. S. C. R. H. 2

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Mason

(15) PRESENT POSTOFFICE OF MOTHER Chambers St. S. C. R. H. 2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. H. O'Brien

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Chambers St. S. C. R. H. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 22

(28)

J. C. Mason

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.