

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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee
Township of Old Stone
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76386

Registration District No. 1206 Registered No. 874
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 2nd (6) Are Parents Married? (7) DATE OF BIRTH Sept 3, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Austin Lockart

(14) NAME BEFORE MARRIAGE Allice Miller

(9) PRESENT POSTOFFICE OF FATHER Jefferson SC

(15) PRESENT POSTOFFICE OF MOTHER Jefferson SC

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Old Stone

(18) BIRTHPLACE Old Stone

(13) OCCUPATION Farming

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 2nd

(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delina Kate

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

Given name added from a supplemental report

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

(27) Filed 9/20 1916 (28) T. E. Cat 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.