

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.

MECHANICAL COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Abbeville
Township of Dorchester
or
Inc. Town of.....
or
City of..... (No. St.; Ward)
(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
24402

Registration District No. 105 Registered No. 41
(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) Twins or Triplets? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lowton Stanzard Bunker</u>	(14) NAME BEFORE MARRIAGE <u>Mamie Alene Rickards</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Honea Path B & D</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Honea Path</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Abbeville</u>	(18) BIRTHPLACE <u>Abbeville S.C.</u>		
(13) OCCUPATION <u>Ironing</u>	(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Carson M.D.

(24) State whether Physician or Midwife Physician Address of Physician or Midwife M.D.

Given name added from a supplemental report.....

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

(27) Filed Sept. 8, 1922 (28) Lucile Humphreys 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.