

MARSH RESERVE FOR BURNING  
 THIS FAMILY WITH ITSELF IN THE STATE OF SOUTH CAROLINA  
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Wilson  
 Township of Schultz  
 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  
**2892**

Registration District No. 213 Registered No. 6  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of..... (No. .... St.; ..... Ward)

(2) Full Name of Child Winnie Abraham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 13 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Jas Abraham  
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 5  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY..... (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Bessie Garrett  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 5  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY..... (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION house  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Garrett  
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R 5

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 213 1922 (28) J R Medcock 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.