

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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 1.

(1) PLACE OF BIRTH

County of Richland  
 Township of .....  
 Inc. Town of .....  
 City of Columbia, S.C.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18865**

Registration District No. .... Registered No. ....  
 (For use of Local Registrar)  
 (No. S.S. State Hospital) ..... Ward)

(2) Full Name of Child Baby Poole

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1928  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Seth Poole  
 (9) PRESENT POSTOFFICE OF FATHER Cleveland, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION .....  
 (14) Name of children born to mother including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen D. Lockhart  
 (15) PRESENT POSTOFFICE OF MOTHER S.C. State Hospital  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) hereby certify that I attended the birth of this child who was alive at 10:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Catherine M. Moore  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife State Hospital

(If venue added from a supplemental report)

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

(26) Filed ..... (27) Local Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.