

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.

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Blythewood  
 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  
**87193**

Registration District No. 3 000 Registered No. 148  
 (For use of Local Registrar)

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

(3) BOY OR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Sanders Yarber  
 (9) PRESENT POSTOFFICE OF FATHER Blythewood S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Winnabower S.C.  
 (13) OCCUPATION Railway Trainman  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alice Hubbard  
 (15) PRESENT POSTOFFICE OF MOTHER Blythewood S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Richland Co S.C.  
 (19) OCCUPATION Washer woman  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clarissa Hubbard  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blythewood S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. M. McLean  
 (27) Filed Nov 11, 1916 (28) W. M. McLean 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.