

MARGIN RESERVE FOR SEPARATE RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. MORGAN, COLUMBIA, S. C.

(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. 3 500 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** Girl (4) **Twin or Triplet?** To be answered only in event of Twins or Triplets (5) **Number in order of birth** (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** Oct 29 1916
 (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
 (Year)
 (12) **BIRTHPLACE** Minustboro S.C.
 (13) **OCCUPATION** Railway Trainman
 (20) **Number of children born 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) Colarissa 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) _____
 (27) **Filed** Nov 11 1916 (28) W. M. Lean 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.