

MARGIN RESERVED FOR BINDING.

WHITE 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 6.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Lexington  
Township of Bull Shoals  
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  
Registration District No. 3102

File No.—For State Registrar Only  
31127

Registered No. 85  
(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 girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5-22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hiram Hydick  
(9) PRESENT POSTOFFICE OF FATHER Pelion  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
(Year)  
(12) BIRTHPLACE Orangeburg  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1-8

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Simons  
(15) PRESENT POSTOFFICE OF MOTHER Pelion  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1-8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*  
(22) I hereby certify that I attended the birth of this child, who was Born alive ..... nt. 11 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. P. Stuee  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Pelion, S.C.

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 Sept 16 19..... (28) H. C. King  
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.

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