

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 | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|---|---|-------------------------------------|---------------------------------------|--|
| County of <u>Richland</u> | | STATE OF SOUTH CAROLINA | | 16430 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of <u>Columbia</u> | | Registration District No. <u>38a</u> | | Registered No. <u>1541</u> | |
| or | | (No. <u>2612 Taylor St.</u> St.; | | (For use of Local Registrar) | |
| City of | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | Ward) | |
| (2) Full Name of Child <u>Mack Jones</u> | | If child is not yet named, make supplemental report as directed | | | |
| (3) BOY OR GIRL <u>boy</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>May 1 1922</u> | |
| FATHER. | | MOTHER. | | | |
| (8) FULL NAME <u>Mack Jones</u> | | (14) NAME BEFORE MARRIAGE <u>Estelle Cooper</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Edge wld P.O.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Edge wld P.O.</u> | | | |
| (10) COLOR OR RACE <u>Colored</u> | | (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) | | (16) COLOR OR RACE <u>Colored</u> | |
| (12) BIRTHPLACE <u>Edge field, S.C.</u> | | (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) | | (18) BIRTHPLACE <u>Columbia, S.C.</u> | |
| (13) OCCUPATION <u>Brick Layer</u> | | (19) OCCUPATION <u>Hair dresser</u> | | | |
| (20) Number of children born to mother, including present birth <u>3</u> | | (21) Number of children of this mother now living, including present birth <u>3</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5:10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Chas. E. Leary</u> | | (24) State whether Physician or Midwife <u>Physician or Midwife</u> | | | |
| Given name added from a supplemental report | | (25) Address of Physician or Midwife <u>31 E. Main Ave.</u> | | | |
|, 19 | | (26) Witness (Signature of witness necessary only when question is asked) | | (27) Filed <u>5/1</u> 19 | |
| Registral | | (28) 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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