

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 W. M.—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.

Register of Columbia, Columbia, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|--------------------------------|---|---|---|--|
| County of <i>Worcester</i> | | STATE OF SOUTH CAROLINA | | 34143 | |
| Township of <i>Burris</i> | | Bureau of Vital Statistics | | | |
| Inc. Town of <i>Ridgewell</i> | | State Board of Health | | | |
| City of | | Registration District No. <i>1700</i> | | Registered No. <i>41</i> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | (For use of Local Registrar) | |
| (2) Full Name of Child <i>Ethel Hughes</i> | | | | If child is not yet named, make supplemental report as directed | |
| (3) SEX OR GIRL <i>Girl</i> | (4) Twin or Triplet? <i>No</i> | (5) Number in order of birth <i>1</i> | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Aug. 22</i> | |
| | | To be answered only in event of Twins or Triplets | | (Name of Month) (Day) (Year) | |
| (8) FATHER FULL NAME <i>David Hughes</i> | | | (9) MOTHER FULL NAME <i>Eddie Lynner</i> | | |
| (10) PRESENT POSTOFFICE OF FATHER <i>Ridgewell, S.C.</i> | | | (11) PRESENT POSTOFFICE OF MOTHER <i>Ridgewell, S.C.</i> | | |
| (12) COLOR OR RACE <i>Negro</i> | | | (13) AGE AT LAST BIRTHDAY <i>25</i> | | |
| (14) BIRTHPLACE <i>So. Car.</i> | | | (15) AGE AT LAST BIRTHDAY <i>22</i> | | |
| (16) OCCUPATION <i>Labourer</i> | | | (17) BIRTHPLACE <i>So. Car.</i> | | |
| (18) OCCUPATION <i>Domestic</i> | | | (19) BIRTHPLACE <i>So. Car.</i> | | |
| (20) Number of children born to mother, including present birth <i>2</i> | | | (21) Number of children of this mother now living, including present birth <i>2</i> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <i>Alive</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) <i>11 A. M.</i> | | | | | |
| (23) (Signature) <i>Lucy Bryant</i> | | | | | |
| (24) State whether Physician or Midwife <i>Midwife</i> | | | | | |
| (25) Address of Physician or Midwife <i>Ridgewell, S.C.</i> | | | | | |
| Given name added from a supplemental report | | | (26) Witnesses (Signature of Witness necessary only when question 23 is signed by mother) | | |
| 19 | | | (27) Filed <i>Aug. 22</i> | | |
| Registrar | | | (28) Local Registrar <i>W. P. Johnston</i> | | |
| *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. | | | | | |