

MARGIN RESERVED FOR BINDING.

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Oraugshuy.....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Oraugshuy.....  
(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

23355

Registration District No. 26-2Registered No. 1003  
(For use of Local Registrar)

(No. 25 Stidels Ave......St.; .....Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Elene Flores

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Constantine Flores

(9) PRESENT POSTOFFICE OF FATHER

Oraugshuy S.C.

(10) COLOR OR RACE

Greek

(11) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

Greece

(13) OCCUPATION

Restaurant Keeper

(20) Number of children born to mother, including present birth

Four

## MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Zorbala

(15) PRESENT POSTOFFICE OF MOTHER

Oraugshuy S.C.

(16) COLOR OR RACE

Greek

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

Greece

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Elene.....at 1 P......M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

5-1-1922(28) with

Local Registrar.

19 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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