

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK IN A PERMANENT RECORD.
No. 2.—In case of TWINS OR TRIPLETS, make SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MEDIAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of M.C. Carmick
Township of M.T. Carmick
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19412

Registration District No. 450.4

Registered No.....
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosa Ann Shepherd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 1, 1922
(New Month) (Day) (Year)

FATHER.

(8) FULL NAME A. K.
(9) PRESENT POSTOFFICE OF FATHER D.K.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
(Years)
(12) BIRTHPLACE D.K.
(13) OCCUPATION D.K.
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Shepherd
(15) PRESENT POSTOFFICE OF MOTHER M.T. Carmick
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE Appellee Co. S.C.
(19) OCCUPATION Farm Land
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated.
(Born alive or still born) (Hour, M. or P. M.)

(23) (Signature) Emma D. D. D.
(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 June 30, 1922 (28) D. J. M. D. 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.