

FORM NO. 2 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—for State Register Only	
County of <u>Auckland</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		37390	
Township of		Registration District No. <u>38</u>		Registered No. <u>930</u>	
Incr. Town of		City of <u>Columbia</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Columbia Hospital</u> St. Ward)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Mary Alice Schneider</u>					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Joseph Schneider</u>			(14) NAME BEFORE MARRIAGE <u>Annally Mathias Hayes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>		
(10) COLOR OR RACE <u>W.</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Indiana</u>			(18) BIRTHPLACE <u>Va.</u>		
(13) OCCUPATION <u>Accountant</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>11</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>9:20 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Robert H. H. H.</u>					
(24) State whether Physician or Midwife: <u>Physician</u>					
(25) Address of Physician or Midwife: <u>1512 Main St</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec 13 1923</u> at <u>Columbia</u> 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.)					