

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.

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

File No.—For State Registrar Only
44310

(1) PLACE OF BIRTH
 County of Richland
 Township of Columbia
 or
 Inc. Town of.....
 or
 City of..... (No. Edgewood 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 Scott ~~James~~ Lakers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twins (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1, 19 22
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Benjamin Lakers
 (9) PRESENT POSTOFFICE OF FATHER Edgewood
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Richland
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Green
 (15) PRESENT POSTOFFICE OF MOTHER Edgewood
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Richland
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Marshall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 19
 Registrar

(26) Witness Mary Bowler
 (Signature of Witness necessary only when question 26 is signed by mark)
 (27) Filed 1922 10 (28) Local Registrar.

*When there was no If a child breath
 Film AFF Too
 or, etc., should make this return. ort is desired of stillbirths

MCCAW OF COLUMBIA, COLUMBIA, S. C.