

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS, SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of (No. St. Ward)

(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

3529

Registration District No. 109 Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *1* (5) Number in order of birth *3* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 24 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Roland Lee Humphries*
(9) PRESENT POSTOFFICE OF FATHER *Gaffney S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Year)
(12) BIRTHPLACE *Cleveland Co. N.C.*
(13) OCCUPATION *Farming*

MOTHER.

(14) NAME BEFORE MARRIAGE *Laura Allison*
(15) PRESENT POSTOFFICE OF MOTHER *Gaffney S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Year)
(18) BIRTHPLACE *Cherokee Co. S.C.*
(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *3* (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8:30* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. B. Smith*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Gaffney S.C.*

Given name added from a supplemental report

(26) Witnesses (Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed *Mar 10 1922* (28) *W. F. Smith* 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.

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