

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.

MODERN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greene
Township of Center
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
43875

Registration District No. 3500 Registered No. 164
(For use of Local Registrar)

City of..... (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 Euna Kate Ways If child is not yet named, make supplemental report as directed

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

(8) FULL NAME Dr. W. C. Ways

(9) PRESENT POSTOFFICE OF FATHER Fairplay

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Kates Harris

(15) PRESENT POSTOFFICE OF MOTHER Fairplay

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Ways
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fairplay

Given name added from a supplemental report

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

(27) Filed Jan 9 1923 (28) A. P. Martin
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.