

WHITE 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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH  
County of Richland  
Township of .....  
or  
Inc. Town of .....  
or  
City of Columbia (No. Col. Hospital 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

**23625**

(2) Full Name of Child Elvie Norma Hooks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? N (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1912  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Earle Hooks  
(9) PRESENT POSTOFFICE OF FATHER Local SC  
(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY — (Years)  
(12) BIRTHPLACE Fla  
(13) OCCUPATION Letter R  
(20) Number of children born to mother, including present birth { ..... 2 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Anna Hennays  
(15) PRESENT POSTOFFICE OF MOTHER S.C.  
(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY — (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION —  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at ..... 6 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... M. S. Sorensen .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MD Local SC

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 7-19-1912 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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