

MAKING CERTIFICATE FOR BIRTHS.  
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.  
RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		70938	
Township of <u>St. Mill</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>St. Mill</u>		Registration District No. <u>4406</u>		Registered No. <u>50</u>	
or				(For use of Local Registrar)	
City of <u>St. Mill</u>		(No. <u>4406</u> St.; <u>50</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Columbus Monroe Barrett</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arnon Barrett</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Dullage</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>St. Mill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Mill S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>53</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1 to 9</u>			(21) Number of children of this mother now living, including present birth <u>16</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>5 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Laura Dullage</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>St. Mill S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>A. L. Parks</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>June</u> 1916 Registrar			(27) Filed <u>7-18-16</u> (28) <u>A. L. Parks</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.					