

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 6.
MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lamers
Township of Beale
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

43257

Registration District No. 2901 Registered No. 138
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Hillis Cheek
(9) PRESENT POSTOFFICE OF FATHER Gray Court SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE SC
(13) OCCUPATION Furmer

MOTHER.
(14) NAME BEFORE MARRIAGE Emmer Sullivan
(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 born alive at 1230 A. M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. J. Pace (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court SC

Given name added from a supplement report

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

(27) Filed Jan 6 1923 (28) H. C. Mahan 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.