

THIS IS A PERMANENT RECORD.
TWIN 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

County of BeaufortTownship of Beaufortor
Inc. Town of Burtonor
City of Beaufort

(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

Registration District No. 600

File No.—For State Registrar Only

41013Registered No. 53

(For use of Local Registrar)

(2) Full Name of Child Not named

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 7, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Anthony Dilbert(9) PRESENT POSTOFFICE OF FATHER Burton S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Beaufort S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lydia Dilbert(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Burton S.C.(19) OCCUPATION Farm Laborer(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.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lewina Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burton S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 10, 1922 (28) W. H. Bryant
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.