

MARGIN RESERVED FOR FINDING.  
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.

MACAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Kings mtn.  
or  
Inc. Town of Pitkin  
or  
City of \_\_\_\_\_  
(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  
**20567**

Registration District No. 4407 Registered No. 36  
(For use of Local Registrar)  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child \_\_\_\_\_

(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 <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 5, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. H. H. H. H. H.</u>			(14) NAME BEFORE MARRIAGE <u>Eda L. H. H. H.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pitkin S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pitkin S. C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>York Co.</u>			(18) BIRTHPLACE <u>York Co.</u>	
(13) OCCUPATION <u>Mail carrier</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Wm. H. H. H. H.  
(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
\_\_\_\_\_, 19 \_\_\_\_  
Registrar  
(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 30, 1922 (28) Wm. H. H. H. 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.