

MARGIN RESERVED FOR BINDING.

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Privateer*
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

74896

Registration District No *4.10.4* Registered No. *94*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Frederick Samuel*

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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 7, 1914*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie Samuel*
(9) PRESENT POSTOFFICE OF FATHER *Sumter S C R # 2*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *38*
(12) BIRTHPLACE *Sumter Co S C*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Kate McShaney*
(15) PRESENT POSTOFFICE OF MOTHER *Sumter S C R # 2*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *38*
(18) BIRTHPLACE *Sumter Co S C*
(19) OCCUPATION *Housework*
(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 *5 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Betsy Jones*
(24) State whether Physician or *Midwife* (25) Address of Physician or Midwife *Sumter S C R # 2*

Given name added from a supplemental report

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

(27) Filed *Aug 12, 1914* (28) *Silas B. Krolb*
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.