

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Carroll  
Township of Amelia  
or  
Inc. Town of.....  
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  
**75909**

Registration District No. 800 Registered No. 123  
(For use of Local Registrar)  
(No. ....St.; .....Ward)

(2) Full Name of Child William Boyal If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Boyal  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews Sc  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION Drayman  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Florida Cheyboro  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews Sc  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION House Laborer  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Sather  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews Sc

Given name added from a supplemental report

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

..... 19 .. Registrar (27) Filed Oct 23 1916 (28) AR Able 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.