

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Allendale</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		40670	
Township of <u>11</u>		Registration District No. <u>4600</u>		Registered No. <u>128</u> (For use of Local Registrar)	
City of <u> </u>		(No. <u> </u> St.; <u> </u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Jane Smake</u>		If child is not yet named, make supplemental report as directed			
(3) <u>GIRL?</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 1, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Smake</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale, S.C. Route</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>black</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)		
(12) BIRTHPLACE <u>Bryant place</u>			(18) BIRTHPLACE <u>in Baldock town</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farmer</u>		
(20) Number of children born to mother, including present birth <u>Nine 9</u>			(21) Number of children of this mother now living, including present birth <u>Nine 9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> P. M., on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Hattie Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Allendale, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>J. H. Boyd</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>1922</u> Registrar			(27) Filed <u>Dec 9</u> 1922 (28) <u>J. H. Boyd</u> 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.					