

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.
MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee
Township of Cherokee
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

89118

Registration District No. 1206

Registered No. 122
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 8 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Madari

(9) PRESENT POSTOFFICE OF FATHER Pageland S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Cherokee

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Madari

(15) PRESENT POSTOFFICE OF MOTHER Pageland

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Cherokee

(19) OCCUPATION Housewife

(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 Alive at 9:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report

(26) Witness T. E. Coats

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

(27) Filed 12-1-16 10:11

(28) T. E. Coats

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.