

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.

City of Columbia.

(1) PLACE OF BIRTH

County of *Charleston*

Township of *James O. Eld*

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

76107

Registration District No. *904*

Registered No. *87*

(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 *Thomas Paper*

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 *Sept. 5, 1916*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Daniel Paper*

(14) NAME BEFORE MARRIAGE *Eliza McCalvey*

(9) PRESENT POSTOFFICE OF FATHER *James Calvey*

(15) PRESENT POSTOFFICE OF MOTHER *Joe Eld*

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY *48*
(Years)

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY *39*
(Years)

(12) BIRTHPLACE *Joe Eld*

(18) BIRTHPLACE *Joe Eld*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House Wife*

(20) Number of children born to mother, including present birth *10*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *J. John Paper*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

Geo. R. Seabrook
Local Registrar

(27) Filled *Sept 5, 1916* (28) *T. H. Grimbal*
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.