

MARGIN RESET 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.

Mayor of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Willeavisto  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ....) (St. ....) (Ward ....)  
 (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  
167

Registration District No. 3 B Registered No. 1  
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 16 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Walter Akers  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Alma Irby  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (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 white at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John B. ...  
 (24) State whether Physician or Midwife Physician (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) ...  
 (27) Filed Jan. 16 1922 (28) E. J. Fleming Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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Local Registrar  
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