

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH,

County of Union
Township of Union
or
Inc. Town of
or
City of Union
(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

74973

Registration District No. 42-A Registered No. 12.3.....
(For use of Local Registrar)
(No. Brook St.; .. 3 .. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? (4) Twins or Triplets? (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 3 1906
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. L. Hooper
(9) PRESENT POSTOFFICE OF FATHER Union SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY..... 27 (Years)
(12) BIRTHPLACE Jackson CO MS
(13) OCCUPATION mill work
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Lilly Lipsey
(15) PRESENT POSTOFFICE OF MOTHER Union SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY..... 20 (Years)
(18) BIRTHPLACE Cherokee CO SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Hooper
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report
.....
....., 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 12 1906 (28) S. Sarratt 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.