

THIS IS A PERMANENT RECORD  
 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.

BECAUSE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Colleton  
 Township of Brooklyn  
 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.)

File No. — For State Registrar Only  
**909**

Registration District No. 1463 Registered No. 106  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1-6</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Dulek</u>	(14) NAME BEFORE MARRIAGE <u>Laura Pulek</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Islandton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Islandton S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>House wife</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>4</u>	(21) BIRTHPLACE <u>S.C.</u>	(20) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. A. Anderson M.D.

(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)

(27) Filed Jan. 9 1922 (28) Mrs. G. M. Hadley 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.

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If return is made