

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Marlboro*
Township of *Bennettsville*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. *2301*

File No.—For Sta
73903

Registered No.
(For use of Loca
St.;

(2) Full Name of Child *Viola McKen*
(If birth occurs in a hospital or other institution, give name of same instead of street and num
(No.

(3) BOY OR
GIRL? *Girl*

(4) Twin
or Triplet?

(5) Number in
order of birth
To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? *Yes*

(7) DATE OF
BIRTH. *Aug*
(Name of Month)

(8) FULL
NAME

FATHER.

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(11) AGE AT LAST
BIRTHDAY *19*
(Years)

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

MOTHER.

(17) AG
BI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*
on the date above stated.

(23) (Signature) *Hannah Malac*

(24) State whether Physician or Midwife
Midwife

(Born alive or stillborn) (Hour

(25) Address of Phys
Bennettsville

Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary
when question 23 is signed