

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Cherokee  
 Township or Draytonville  
 OF  
 Inc. Town of.....  
 OF  
 \*By Court Order dtd. 8-3-82, \*COLUMBUS SMITH, JR.  
 City of .....  
 (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  
**680**

Registration District No. 1001... Registered No. 2.....  
 (For use of Local Registrar)

**(2) Full Name of Child** Columbus Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 14, 1922</u> (Name of Month) (Day) (Year)
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**MOTHER.**

(14) NAME BEFORE MARRIAGE Amie Davis

(15) PRESENT POSTOFFICE OF MOTHER Paoli S.C. #1

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Cherokee

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Rinda Davis

(24) State whether Physician or Midwife midwife Address of Physician or Midwife Paoli S.C. #1

Given name added from a supplemental report

CO #17,207

Filed Sep 9 1982 jsg

Registrar

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

(27) Filed Feb 6 22 M. B. H. Harris 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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