

NOTE. B—In card 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.

Medal of Columbia, Columbia, S. C.

**(1) PLACE OF BIRTH**

County of \_\_\_\_\_

**Township** / of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child**

(3) BOY OR

(4) Twin

(5) Number in order of birth

**(8) Are Parents Married?**

(7) DATE OF

BIRTH..... 10....  
(Name of Month) (Day) (Year)

# FATHER

(8) FULL NAME

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE

(11) **AGE AT LAST BIRTHDAY.**

BIRTHDAY... 4

(12) BIRTHPLACE

(13) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN**

(22) I hereby certify that I attended the birth of this child, who was born alive at 91 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) **Witness**

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

(27) Filed *FILED* .....

(28) *[Signature]*  
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.