

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

MEGAN OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Berkley
Township of St. James
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
29079

Registration District No. 704 Registered No.
(For use of Local Registrar)

(No. St.; 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? girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME ex from Washington
(9) PRESENT POSTOFFICE OF FATHER Palmville St.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE Berkley Co
(13) OCCUPATION public work.
(20) Number of children born to mother, including present birth eight

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Celestine
(15) PRESENT POSTOFFICE OF MOTHER Palmville St.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY..... (Years)
(18) BIRTHPLACE Berkley Co
(19) OCCUPATION
(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 at 7:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Natie Brockington
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. James St.

Given name added from a supplemental report

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

(27) Filed Oct 4 1922 (28) K. M. T. A. D.
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.