

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 1.

Form No. 6

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		37434	
Township of		Registration District No. <u>380</u>		Registered No. <u>29</u>	
City of <u>Columbia</u>		(No. <u>1208 M.C. Huffie St.</u> Ward <u>Five</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>unnamed</u>			
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>7/1/23</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charlie Plarson</u>			(10) NAME BEFORE MARRIAGE <u>Mary Shaw</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Edgewood P.O.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Edgewood P.O.</u>		
(12) COLOR OR RACE <u>colored</u>			(13) AGE AT LAST BIRTHDAY <u>50</u> (Years)		
(14) BIRTHPLACE <u>Columbia S.C.</u>			(15) COLOR OR RACE <u>colored</u>		
(16) OCCUPATION <u>Blacksmith</u>			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
(18) BIRTHPLACE <u>Georgia</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:20 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chancy Lee midwife</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>31 Church Ave.</u>					
(26) Given name added from a supplemental report			(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(28) Registrar			(29) Filed <u>Nov 4 23</u> (Date)		
(30) Local Registrar					
When there was no attending physician or midwife, then the father, household, 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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