

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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.  
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkley Co</u>		STATE OF SOUTH CAROLINA		29071	
Township of <u>North</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>703</u>		Registered No. <u>61</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>Susan Segree</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>Two</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Segree</u>			(14) NAME BEFORE MARRIAGE <u>Susan Richardson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Monckscon S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Monckscon S C</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Berkley Co</u>			(18) BIRTHPLACE <u>Berkley Co</u>		
(13) OCCUPATION <u>Job</u>			(19) OCCUPATION <u>House Keeper</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2.20</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Rebecca Richardson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physic or Midwife <u>Monckscon</u>					
Given name added from a supplemental report			(26) Witness <u>A. F. Pitt</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
19 .....			(27) Filed 19 .....		
Registrar			(28) <u>B. M. Beavin</u> 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.