

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.

MACAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurie  
Township of Jacks  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25242

Registration District No. 2903 Registered No. 99  
(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 Tela May Peter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Oct 22</u> (Name of Month) (Day) (Year)
------------------	---	------------------------------	--------------------------	---

FATHER.

(8) FULL NAME Harvey Peter  
(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY ..... (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Taylor Clemens  
(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY ..... (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Amanda Peter  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kenno S.C.

Given name added from a supplemental report

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

(27) Filed Oct 15 1922 (28) L. C. Copeland  
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.

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.