

MARGIN RESERVED FOR BINDING.

WRITE 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.

MECHANICAL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lexington
Township of Union
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
23040

Registration District No. 3104 Registered No. 16
(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 <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 30, 1921</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Benjamin Franklin</u>			14) NAME BEFORE MARRIAGE <u>May Belle Westmoreland</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Sumaria</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Sumaria S.C.</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	16) COLOR OR RACE <u>W</u>		
12) BIRTHPLACE <u>Lexington Co</u>		17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
13) OCCUPATION <u>Farmer</u>		18) BIRTHPLACE <u>Lexington Co</u>		
		19) OCCUPATION <u>House Wife</u>		
20) Number of children born to mother, including present birth <u>1 4</u>			21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Gibson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. S. | Salisbury S.C.

Given name added from a supplemental report
.....
.....
19 1921
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
.....
(27) File July 30, 1922 (28) A. B. Quatt
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.

Before the fifth month of pregnancy.