

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.

MECAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lexington
Township of St. Albans
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

23051

Registration District No. 3/A.8 Registered No. 17
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>—</u> To be answered only in case of Twins or Triplets | (5) Number in order of birth <u>9</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>May 9, 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Boddy Roberts</u> | | | (14) NAME BEFORE MARRIAGE <u>Lillie Crapo</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Gilbert, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Gilbert, S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | | | (16) COLOR OR RACE <u>white</u> | |
| (11) AGE AT LAST BIRTHDAY <u>44</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>42</u> (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House wife</u> | |
| (20) Number of children born to mother, including present birth <u>nine</u> | | | (21) Number of children of this mother now living, including present birth <u>nine</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma..... at 5..... A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. R. Smith 11/10

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert, 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 449/10-1922 (28) T. H. Shull
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.