

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.

REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Fairfield
Township of Ridgeway
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
34289

Registration District No. 1906 Registered No. 81
(For use of Local Registrar)

(2) Full Name of Child infant male

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH 10 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myron More
(9) PRESENT POSTOFFICE OF FATHER Ridgeway
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38
(Year) (12) BIRTHPLACE Fairfield
(13) OCCUPATION farming
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Reb Wright
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
(Year) (18) BIRTHPLACE Fairfield
(19) OCCUPATION farming
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 15 years at 10 5 1922 M.
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) John

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Local Registrar

Given name added from a supplemental report

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

(27) Filed 10/23 (28) L. E. Hester 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.

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