

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Columbia  
 or  
 Inc. Town of .....  
 or  
 City of Columbia  
 (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

66288

Registration District No. 4006 Registered No. 101  
 (For use of Local Registrar)  
 St.; ..... Ward;  
 (No. ....)

(2) Full Name of Child Annis mar Cracker  
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 4 16  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Geo Cracker  
 (9) PRESENT POSTOFFICE OF FATHER Columbia  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Florida  
 (13) OCCUPATION mill work  
 (14) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Elmina  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION house wife  
 (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 born at 11 30 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) James W. Brown  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 6/10/16 (28) H. W. Brown 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 RECEIVED FOR FILING, WITH UNFOLDING IT IS A PERMANENT RECORD.  
 M. R.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY REPORT, No. 2, etc., in question 8.  
 M. R. of Columbia