

THIS 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Leflore
Township of Congaree
or
Inc. Town of.....
or
City of.....

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

Registration District No. 3101

File No.—For State Registrar Only
31145

Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child Essie Fabor

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

3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME George Herman Fabor
9) PRESENT POSTOFFICE OF FATHER Newbrookland
10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Year)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Estherine Chorley
15) PRESENT POSTOFFICE OF MOTHER Newbrookland
16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Year)
18) BIRTHPLACE S.C.
19) OCCUPATION House wife
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julie Jones
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Newbrookland

Given name added from a supplemental report

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

(27) Filed 7/6 19 7.3 (28) J. B. Lybrand 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.