

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.

State of Columbia.

(1) PLACE OF BIRTH  
County of Christ Church STATE OF SOUTH CAROLINA.  
Township of Court House Bureau of Vital Statistics  
Inc. Town of ..... State Board of Health  
City of .....  
Registration District No. 1203 Registered No. 74  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**59267**

(2) Full Name of Child Jara Peaynes } 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? No (7) DATE OF BIRTH April 29 1906  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Rice Peaynes</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>unknown</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Christ Church SC</u>
(10) COLOR OR RACE		(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	<u>17</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Christ Church SC</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Farm hand</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Martha Ann McFarlane  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife McFarlane Mc

Given name added from a supplemental report  
....., 191....  
..... Registrar  
(26) Witness W. B. ...  
(Signature of Witness necessary only when question 23 is signed in blank)  
(27) Filed May 11 1906 (28) W. E. Murrey 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.

A CHILD BREATHING EVER ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.