

MARGIN RE

WRITE PLAINLY, WITH UNFAL.
N. B.—In case of TWINS OR TRIPLETS use a
FIRST-BORN, No. 1. THE OTHER

MACAW OF COLUMBIA, COLUMBIA, S. C.

ING.

A PERMANENT RECORD.

ANK FOR EACH CHILD, and mark the

e, in question 5.

(1) PLACE OF BIRTH

County of Orange
Township of Canton
or
Inc. Town of
or
City of

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

(2) Full Name of Child

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
yes

(7) DATE OF BIRTH

Aug. 24, 1919
(Name of Month) (Day) (Year)

(8) FULL NAME

W. Larcus Prater

(9) PRESENT POSTOFFICE OF FATHER

Westminster S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3 3
(Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

6

(14) NAME BEFORE MARRIAGE

Rosa Harris

(15) PRESENT POSTOFFICE OF MOTHER

Westminster S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

2 6
(Years)

(18) BIRTHPLACE

Richmond Co S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

(23) (Signature)

C. H. Verner

(24) State whether

Physician or Midwife

(Born alive or stillborn)

at 5:10 P. M.,
(Hour A. M. or P. M.)

Given name added from a supplemental report

Feb 24 1919
Edw. H. H.

(26) Witness

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

(27) Filed Sept

(25) Address of Physician or Midwife

Oakway S.C.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy.

(28) W. H. Cole
Local Registrar.

CERTIFICATE OF BIRTH

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

Registration District No. 35700

File No.—For State Registrar Only
74088

Registered No. 146
(For use of Local Registrar)

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