

MARGIN RESERVED FOR BINDING.

WHITE 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.

MEANS OF COLUMBIA, COLUMBIA, S. C.

Form 5-6

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville

(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

20620

Registration District No. 11

Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child Emma Smith

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

(3) SEX 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 July 23, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ben Smith

(9) PRESENT POSTOFFICE OF FATHER

Abbeville, S.C.

(10) COLOR OR RACE

Blk.

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Abbeville, S.C.

(13) OCCUPATION

Common Laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Laura Smith

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville, S.C.

(16) COLOR OR RACE

Blk.

(17) AGE AT LAST BIRTHDAY

34 (Years)

(18) BIRTHPLACE

Abbeville, S.C.

(19) OCCUPATION

House work

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Marion Morgan

(24) State whether, Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Abbeville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 25, 1922 (28) Marion Morgan  
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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