

MARGIN RESERVED FOR BINDING.

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.  
RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chester  
Township of Rossville  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**3645**

Registration District No. 1113 Registered No. 22  
(For use of Local Registrar)

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

(2) Full Name of Child Mattie Amelia

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

(3) <u>BOY OR GIRL</u> <u>Girl</u>	(4) <u>Twins or Triplets?</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>Yes</u>	(7) <u>DATE OF BIRTH</u> <u>Feb 9 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Guy Vickery  
(9) PRESENT POSTOFFICE OF FATHER Great Falls  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE Jackson Co N.C  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Beaufort Spray  
(15) PRESENT POSTOFFICE OF MOTHER Great Falls  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)  
(18) BIRTHPLACE Laurel Co. S. C  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 4 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. McQueen M.D.  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Shuttsville S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by father)  
(27) Filed 2/14 ..... 1922 (28) R. T. Manadieu 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.