

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the first-born.

Know as Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		3469	
Township of <i>Charleston</i>		Registration District No. <i>9.01</i>		Registered No. <i>21</i> (For use of Local Registrar)	
City of <i>Charleston</i>		(No. <i>3</i>)		St. <i>1</i> Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <i>Juan German</i>		(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 19 22</i> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <i>Daniel German</i>			(14) NAME BEFORE MARRIAGE <i>Alia Williams</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Met Pleasant DC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Met Pleasant DC</i>		
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>40</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)		
(12) BIRTHPLACE <i>DC</i>			(18) BIRTHPLACE <i>DC</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House Work</i>		
(20) Number of children born to mother, including present birth <i>Eight</i>			(21) Number of children of this mother now living, including present birth <i>Eight</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child who was <i>born</i> at <i>11 P.</i> M., on the date above stated. (Hour of birth) (Hour A. M. or P. M.)					
(23) (Signature) <i>Dr. P. H. Hargrave</i>					
(24) State whether Physician or Midwife <i>Midwife</i> (25) Address of Physician or Midwife <i>Met Pleasant DC</i>					
Given name added from a supplemental report			(26) Witness <i>Thos. J. Smith</i>		
(27) Filed <i>May 19 22</i>			(28) <i>Chas. A. Smith</i> 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.

Supplement