

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		36305	
Township of <u>Lower</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>380.2</u>		Registered No. <u>258</u>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Edie Hayes</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/23/28</u>	
To be answered only in event of Twin or Triplet				(Name) (Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Sam Hayes</u>			(14) NAME BEFORE MARRIAGE <u>Ruby Ann Perry</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hopkins S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins S. C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u>	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>42</u>	
(12) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5-a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Charlotte Y. Jackson</u>		(24) State whether Physician or Midwife <u>midwife</u>			
(25) Address of Physician or Midwife <u>Hopkins S. C.</u>					
Given name added from a supplemental report		(26) Witness <u>Mrs. J. M. Jordan</u>			
		(27) Filed <u>10/28/28</u>			
		(28) <u>Mrs. J. M. Jordan</u> 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.					