

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Orangeburg</i>		STATE OF SOUTH CAROLINA		86979	
Township of <i>Orangeburg</i>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <i>3613</i>		Registered No. <i>175</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <i>3613</i> St.; <i>175</i> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Howard Muddough</i>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 26, 1916</i>	
To be answered only in case of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <i>Howard Muddough</i>			(14) NAME BEFORE MARRIAGE <i>Hannah Simmons</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Orangeburg</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Orangeburg</i>		
(10) COLOR OR RACE <i>Citron</i>			(16) COLOR OR RACE <i>Citron</i>		
(11) AGE AT LAST BIRTHDAY <i>25</i>			(17) AGE AT LAST BIRTHDAY <i>18</i>		
(12) BIRTHPLACE <i>Orangeburg</i>			(18) BIRTHPLACE <i>Orangeburg</i>		
(13) OCCUPATION <i>Saw mill work</i>			(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>7 or 8</i> M., on the date above stated. (Born <i>live</i> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Alma Davis</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Orangeburg</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <i>Nov 15, 1916</i>		
19 <i>1916</i> Registrar			(28) <i>A. J. Fairley</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.