

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 6.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|--|--------------------------------------|---|-------------------------------------|-----------------------------------|
| County of <i>Bamberg</i> | | STATE OF SOUTH CAROLINA | | 80218 | |
| Township of <i>Beaufort Bridge</i> | | Bureau of Vital Statistics | | | |
| Inc. Town of | | State Board of Health | | | |
| City of | | Registration District No. <i>401</i> | | Registered No. <i>74</i> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | St.; | | Ward) | |
| (2) Full Name of Child | | | | | |
| If child is not yet named, make supplemental report as directed | | | | | |
| (3) BOY OR GIRL | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH | |
| <i>girl</i> | <i>To be answered only in event of Twins or Triplets</i> | <i>4</i> | <i>yes</i> | <i>June 18, 1919</i> | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <i>Charlie Lang</i> | | | (14) NAME BEFORE MARRIAGE <i>Marie Evans</i> | | |
| (9) PRESENT POSTOFFICE OF FATHER <i>Abbe S.C.</i> | | | (15) PRESENT POSTOFFICE OF MOTHER <i>Abbe S.C.</i> | | |
| (10) COLOR OR RACE <i>Negro</i> | (11) AGE AT LAST BIRTHDAY <i>26</i> | (12) BIRTHPLACE <i>Bamberg Co</i> | (16) COLOR OR RACE <i>Negro</i> | (17) AGE AT LAST BIRTHDAY <i>24</i> | (18) BIRTHPLACE <i>Bamberg Co</i> |
| (13) OCCUPATION <i>Farm labourer</i> | | | (19) OCCUPATION <i>Farm labourer</i> | | |
| (20) Number of children born to mother, including present birth <i>4</i> | | | (21) Number of children of this mother now living, including present birth <i>5</i> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>3 P.</i> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <i>Wm. C. Ray</i> | | | | | |
| (24) State whether Physician or Midwife <i>Physician</i> | | | | | |
| (25) Address of Physician or Midwife <i>Abbe S.C.</i> | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness <i>Wm. C. Ray</i> | | | | | |
| (27) Filled <i>July 8, 1919</i> | | | | | |
| (28) Local Registrar <i>Wm. C. Ray</i> | | | | | |
| 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. | | | | | |