

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 4.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Ball
or
Inc. Town of.....
or
City of.....

(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

Carl Estimer

File No.—For State Registrar Only
5829

Registration District No. 206 Registered No. 27
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Thomas Estimer
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lena Rice
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) W. H. H. H.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 9 1923 at Anderson S.C. 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.