

MADE IN KANSAS FOR KANSAS  
 WITH UNPAID INK THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Low  
 Township of Mecklenburg  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31072

Registration District No. 3003

Registered No.....  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

W. H. H. H.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 10 1922  
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnny H. H.

(9) PRESENT POSTOFFICE OF FATHER Adriano

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21  
 (Years)

(12) BIRTHPLACE Adriano

(13) OCCUPATION House tenant

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Cornelia H. H.

(15) PRESENT POSTOFFICE OF MOTHER Adriano

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20  
 (Years)

(18) BIRTHPLACE Adriano

(19) OCCUPATION House help

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

..... 19 .....

(27) Filed Sept 11 1922 (28) W. H. H. 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.