

FORM NO. 6. 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 5.

McCaw, of Columbia

WRI
M. H.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|---|--|---|---|--|
| County of <u>Richland</u> | | STATE OF SOUTH CAROLINA. | | 47187 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>38A</u> | | Registered No. <u>1050</u> | |
| or | | | | (For use of Local Registrar) | |
| City of <u>Columbia</u> | | No. <u>2907</u> | | Main | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Samuel H. Zimmerman</u> | | | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>B</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 30</u> 191 <u>6</u> | |
| Take averaged only in case of Twins or Triplets | | | | (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Samuel H. Zimmerman</u> | | | (14) NAME BEFORE MARRIAGE <u>Alma Newman</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u> | | |
| (10) COLOR OR RACE <u>Wh</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) | (16) COLOR OR RACE <u>Wh</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) | | | |
| (12) BIRTHPLACE <u>Ab.</u> | | | (18) BIRTHPLACE <u>Ab.</u> | | |
| (13) OCCUPATION <u>Bookbinder</u> | | | (19) OCCUPATION <u>—</u> | | |
| 20) Number of children born to mother, including present birth <u>2</u> | | | 21) Number of children of this mother now living, including present birth <u>2</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 P</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Thos. H. Brown Jr.</u> | | | | | |
| (24) State whether Physician or Midwife <u>MD</u> | | | (25) Address of Physician or Midwife <u>Columbia SC</u> | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 191 | | | (27) Filed <u>2/5</u> 191 <u>6</u> (28) <u>E. O. McCall</u> | | |
| 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.

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