

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 2. FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 3. SIGNATURE OF COLUMBIAN. COLUMN, B. C.

## (1) PLACE OF BIRTH

County of Orangeburg  
 or  
 Township of Landless  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12403

Registration District No. 36.11 Registered No. 14  
 (For use of Local Registrar)

## (2) Full Name of Child

Girl Lora Michael  
 (3) BOY or GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph M. Michael  
 (9) PRESENT POSTOFFICE OF FATHER Waycross  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27  
 (Years) (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farm  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa  
 (15) PRESENT POSTOFFICE OF MOTHER Waycross  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
 (Years) (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Juan(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Waycross

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/27 19 22(28) W. W. Green 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.