

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	<i>Harri</i>	STATE OF SOUTH CAROLINA		22648	
Township of	<i>Little River</i>	Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of	<i>Wampee</i>	Registration District No.	<i>2807</i>	Registered No.	<i>22</i>
or		(For use of Local Registrar)			
City of	<i>S.C.</i>	(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		If child is not yet named, make supplemental report as directed			
<i>Cecil Evalena Trinks</i>					
(3) BOY OR GIRL?	<i>girl</i>	(4) Twin or Triplet?		(5) Number in order of birth	<i>11</i>
		To be answered only in event of Twins or Triplets		(6) Are Parents Married?	<i>Yes</i>
				(7) DATE OF BIRTH	<i>April 14, 1922</i>
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME	<i>Mat Trinks</i>		(14) NAME BEFORE MARRIAGE	<i>Kissie Crumedy</i>	
(9) PRESENT POSTOFFICE OF FATHER	<i>Wampee S.C.</i>		(15) PRESENT POSTOFFICE OF MOTHER	<i>Wampee S.C.</i>	
(10) COLOR OR RACE	<i>Negro</i>	(11) AGE AT LAST BIRTHDAY	<i>70</i>	(18) COLOR OR RACE	<i>Blk</i>
		(Years)		(17) AGE AT LAST BIRTHDAY	
				<i>42</i>	
(12) BIRTHPLACE	<i>Calabash N.C.</i>		(18) BIRTHPLACE	<i>Dothan N.C.</i>	
(13) OCCUPATION	<i>Farming</i>		(19) OCCUPATION	<i>House keeping</i>	
(20) Number of children born to mother, including present birth	<i>17</i>		(21) Number of children of this mother now living, including present birth	<i>11</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>1 P.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Catharine Randall</i>					
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife					
<i>Midwife Wampee S.C.</i>					
Given name added from a supplemental report			(26) Witness <i>Sarah Chestnut</i>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <i>April 15, 1922</i> (28) <i>Local Registrar</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.					