

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.

M. C. W. of Columbia

(1) PLACE OF BIRTH

County of *Orangeburg*

Township of

or
Inc. Town of

or
City of *Orangeburg* (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) * *By Court Order 6/11/73: Michael Sweeting*
Fully Name of Child,

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91193

Registration District No. *36a* Registered No. *194*

(For use of Local Registrar)

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *X* (5) Number in order of birth *X1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov. 11, 1916*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Mr. Ryan*

(9) PRESENT POSTOFFICE OF FATHER *Columbia, S.C.*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *23*
(Years)

(12) BIRTHPLACE *Green*

(13) OCCUPATION *Clerk*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Blanche Bolin*

(15) PRESENT POSTOFFICE OF MOTHER *Orangeburg, S.C.*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *17*
(Years)

(18) BIRTHPLACE *Orangeburg, S.C.*

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *B. Alive* at *7:20* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julius A. Park*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Orangeburg, S.C.*

Given name added from a supplementary report

X.P.O. # 5958

6/25/73

Registrar

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

(27) Filed *Jan 5, 1917* (28) *W. H. Duke* 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.