

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Sumter
Township of "
OR
Inc. Town of "
OR
City of Oswego

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

File No.—For State Registrar Only
20338

Registration District No. Registered No. 123
(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 Charles Dubose (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Boy 4) Twin or Triplet? " 5) Number in order of birth " 6) Are Parents Married? yes 7) DATE OF BIRTH May 30 1922
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Sie Dubose
9) PRESENT POSTOFFICE OF FATHER Oswego S.C.
10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48
(Years)
12) BIRTHPLACE Oswego Conn.
13) OCCUPATION Farming
20) Number of children born to mother, including present birth 12

MOTHER.
14) NAME BEFORE MARRIAGE Matilda Dubose
15) PRESENT POSTOFFICE OF MOTHER Oswego S.C.
16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Years)
18) BIRTHPLACE Oswego Conn.
19) OCCUPATION House wife for husband
21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mont Cash
(Signature of witness necessary only when question 23 is signed by mother)

(27) Filed 19 (28) 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.