

NOTE.—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 3.

MACAITE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Harmon
Township of Harmon
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 1346

File No.— For State Registrar Only

82

Registered No.
(For use of Local Registrar)

City of (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 Bernice Ann Carter

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *✓* (5) Number in order of birth *1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

DATE OF BIRTH Jun 23 1912
(Name of Month) (Day) (Year)

FATHER

(3) FULL NAME *W. Bush*

(2) PRESENT POSTOFFICE OF FATHER *Merrimack 50 R12*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28*
(Year)

(12) BIRTHPLACE SO

(13) OCCUPATION
Teacher

(23) Number of children born to mother, including present birth 4

VOTER

(14) NAME BEFORE MARRIAGE *Elizabeth*

(15) PRESENT POSTOFFICE OF MOTHER *Minerva SC 2*

(18) COLOR OR RACE *White* (19) AGE AT LAST BIRTHDAY... *31*

(10) BIRTHPLACE 80

(19) OCCUPATION
housewife

(71) Number of children of this mother
now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John A. Smith ... at 10 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(20) WITNESSES

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

(27) Filed Jan. 20... 1922. (S). L. G. D. H. ...
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 occurring before the fifth month of pregnancy.

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 occurring more than five months before the fifth month of pregnancy.