

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.

MOBIL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lancaster
Township of Cedar Creek
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19162

Registration District No. 1802 Registered No. 27
(For use of Local Registrar)

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

(2) Full Name of Child Tomie Cenia Waiter { If child is not yet named, make supplemental report as directed

1. BOY OR GIRL..... 4. Twin or Triplet?..... 5. Number in order of birth..... 6. Are Parents Married? yes 7. DATE OF BIRTH June 25, 22
(Time of Month) (Day) (Year)

FATHER.
8. FULL NAME William Waiter
9. PRESENT POSTOFFICE OF FATHER Lancaster R # 3
10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 47
(Years)
12. BIRTHPLACE Lancaster
13. OCCUPATION Farming
20. Number of children born to mother, including present birth 5

MOTHER.
14. NAME BEFORE MARRIAGE Mary Waiter
15. PRESENT POSTOFFICE OF MOTHER Lancaster R # 3
16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 37
(Years)
18. BIRTHPLACE Lancaster co
19. OCCUPATION Farmwork
21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth Bell
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Lancaster R # 3

Given name added from a supplemental report
.....
.....
..... 19..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 26, 22 (28) J. A. D. Coan 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.