

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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MACAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Florence

Township of TIMMONSVILLE, S. C.

or
Inc. Town of.....

or
City of.....

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

(2) Full Name of Child

Edmund Michael

File No.—For State Registrar Only

34476

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2015

Registered No. 76
(For use of Local Registrar)

(3) BOY OR GIRL Boyl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 10-30-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Nicholas

(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Sam Woods

(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Edmund at 12 Noon M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa W. W. W.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife TIMMONSVILLE, S. C.

Given name added from a supplemental report

(26) Witness R. H. Neeson
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1931 2 (28) R. H. Neeson 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.