

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.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro
Township of Smithville
or
Inc. Town of

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

Registration District No. 3307 Registered No. 7
(For use of Local Registrar)

File No.—For State Registrar Only
5062

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

(3) BOY or GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Gayt</u>	(14) NAME BEFORE MARRIAGE <u>Maria Redfern</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Kollock P. 4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kollock P. 4</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Kollock P. 4</u>	(18) BIRTHPLACE <u>Kollock P. 4</u>	(13) OCCUPATION <u>Ham Labor</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) William Kollock
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kollock P. 4

Given name added from a supplemental report

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

(27) Filed Mar 7, 1922 (28) W. H. Priest 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.