

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Maryboro*  
 Township of *Brightville*  
 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. *3302* Registered No. *63*  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**43726**

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

(2) Full Name of Child *Valena Quick*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 19 1922*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME *Thomas Quick*  
 (9) PRESENT POSTOFFICE OF FATHER *Gibson NC*  
 (10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *512*  
 (Years)  
 (12) BIRTHPLACE *SC*  
 (13) OCCUPATION *Farming*  
 (20) Number of children born to mother, including present birth *4*

MOTHER.  
 (14) NAME BEFORE MARRIAGE *Minnie McCollean*  
 (15) PRESENT POSTOFFICE OF MOTHER *Gibson NC*  
 (16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *31*  
 (Years)  
 (18) BIRTHPLACE *SC*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Rachel Quick*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Gibson NC*

Given name added from a supplemental report .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Registrar *Prof. Stubbs* (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.