

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 mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MAGASIN DE COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Hambley Co.

Township of 1 # 1

or
Inc. Town of

City of Hambley R. F. D. No. 1 (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19561

Registration District No. 3408 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 27, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Henry Nelson</u>			14) NAME BEFORE MARRIAGE <u>James Barber</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Newberry R. 1</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Newberry R. 1</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12) BIRTHPLACE <u>Newberry R. 1</u>			18) BIRTHPLACE <u>Newberry R. 1</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. A. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Newberry R. 1

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) S. S. Cunningham 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.

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