

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

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville  
Township of Butler  
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

77231

Registration District No. 2202 Registered No. 72  
(For use of Local Registrar)

(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 James Raymond Forest If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 11, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Anderson Forest

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R#2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 67 (Years)

(12) BIRTHPLACE Tayon N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary DeYoung

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R#2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 46 (Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 9

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 stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charity Means  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 10 1916 (28) W. W. White 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.