

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 8.
RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bamberg
Township of Beaufort
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

88390

Registration District No. 401 Registered No. 93
(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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Evans

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

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Bamberg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Simmons

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Bamberg Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. M. Connack

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Beaufort

Given name added from a supplement report

(26) Witness

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

(27) Filed Jan 7 19

(28) O. B. Ray 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.