

WRITE PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE REPORT FOR EACH CHILD, AND MARK THE 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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Middle
OF
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
16318

Registration District No. 2670 Registered No. 41
(For use of Local Registrar)
(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Amaker
(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Ortg. Co. S.C.
(13) OCCUPATION Farm work
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lula Amaker
(15) PRESENT POSTOFFICE OF MOTHER Ortg. S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Ortg. Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olla Carter
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report
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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. H. D. Lee
(27) Date June 1 1922 (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.