

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH ENFADING 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.

(1) PLACE OF BIRTH County of <u>Richland</u> Township of <u>Preble</u> or Inc. Town of ..... or City of <u>Columbia S.C.</u> (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>38<sup>th</sup></u>		File No.—For State Registrar Only <b>31911</b>
(2) Full Name of Child .....		Registered No. <u>1699</u> (For use of Local Registrar) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 13 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>George Travis</u> (9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) (12) BIRTHPLACE <u>Columbia S.C.</u> (13) OCCUPATION <u>merchant</u> (20) Number of children born to mother, including present birth <u>4</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Annie Goodson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>Weston S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>a live</u> at <u>7.9</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Midwife</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physn or Midwife <u>Matie Recusan No 7 Minnabrough St</u> Given name added from a supplemental report ..... (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>9.12.9</u> 19 <u>22</u> (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.