

MARGIN RESERVED FOR REMARKS.  
 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 2.

State of Columbia

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(2) Full Name of Child

(3) BOY OR GIRL?

(5) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(22) I hereby certify that I witnessed the birth of this child, who was born on the date above stated.

Given name added later in supplemental report

# REPUBLIC OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS STATE OF COLUMBIA

THIS IS A PERMANENT RECORD ONLY

Registration District No. 319

Suburban District No. 1

Ward No. 1

Block No. 1

Street No. 1

Block No. 1

Street No. 1

Block No. 1

Street No. 1

Block No. 1

Street No. 1

Block No. 1

Street No. 1

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Block No. 1

Street No. 1

Block No. 1

Street No. 1

\*When there was no attendance upon birth or immediate report, the child must be reported as stillborn, or, if reported as such, it must be reported as such within four months of birth.