

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.

of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. — For State Registrar Only
29513

Registration District No. 3 Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Age of child at birth (7) DATE OF BIRTH 7-23-19
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present birth

(16) NAME BEFORE MARRIAGE
(18) PRESENT POSTOFFICE OF MOTHER
(19) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Year)
(15) BIRTHPLACE
(16) OCCUPATION
(21) Number of children of this mother now living, including present birth

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)

(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 Sept 13 (28) Local Registrar

(when question 23 is signed by mark)