

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

City of Columbia

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

(2) Full Name of Child.. Jack..Edward..Stack.. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1 19122 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Page Stack(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Mgr. Filling Station(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McCabe(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Blythewood S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

(27) Filed 7-15-22 19122 (28) [Signature] 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.

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