

## (1) PLACE OF BIRTH

County of *St. Charles*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

44714

Township of .....

or

Inc. Town of .....

or

(City of *Columbia*)

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

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

2) Full Name of Child *Evelyn Melton McIntosh*

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

(1) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct. 22, 23*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John Calvin Mcintosh*

(9) PRESENT POSTOFFICE OF FATHER

*Columbia S.C.*(10) COLOR OR RACE *W.*(11) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Express Messenger C.P.R.*

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

*One*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lela Bryson*

(15) PRESENT POSTOFFICE OF MOTHER

*Columbia S.C.*(16) COLOR OR RACE *W.*(17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE

*Perm.*

(19) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* as *born alive or stillborn* on the date above stated.*4:30 a.m.*(23) (Signature) *L. D. Tarham M.D.*

(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

101

(28)

Registrar

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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