

(1) PLACE OF BIRTH

County of Richland Co

Township of

or
Inc. Town ofor
City of Columbia SC

(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

File No.—For State Registrar Only

5070

Registration District No. 38Registered No. 160

(For use of Local Registrar)

St. Five Ward(2) Full Name of Child Larry G. Fret

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

(3) BOY OR GIRL boy(4) Twin or Triplet out(5) Number in order of birth oneAre Parents Married? yes(7) DATE OF BIRTH Feb 19 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bergamangaret(9) PRESENT POSTOFFICE OF FATHER 321 Henderson(10) COLOR OR RACE bl(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE Peterburg La(13) OCCUPATION day labor(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Onil Groden(15) PRESENT POSTOFFICE OF MOTHER 321 Henderson St(16) COLOR OR RACE bl(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Peterburg La(19) OCCUPATION house keep(21) 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 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1419 W. Main St

(Given name added from a supplemental report)

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

(27) Filed 2/26/23 1923. (28) C. J. Sloan 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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