

MARGIN RESERVED FOR BINDING.

Form 5-6

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 5.

(1) PLACE OF BIRTH

County of Rickland

Township of .....

or  
Inc. Town .....

or  
City of Columbia S.C.

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

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Sex Parents Married Yes

(7) DATE OF BIRTH

Aug 22, 1932  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Neil Springfield

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE W

(12) BIRTHPLACE S.C.

(13) OCCUPATION Clerical

(20) Number of children born to mother, 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 at 1230 A.M. on the date above stated.

(23) (Signature) D. S. Matthews 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 answered by mark)

(27) Date 10-11-32

(28) 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.

If a child breathes even once

No report is desired of stillbirths

CERTIFICATE OF BIRTH

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

No. 11a.—For State Registrar Only

36147

Registration District No. 35a

Registered No. 1,273  
(For use of Local Registrar)

(No. 304 South Eastern American)

yet named, make supplemental report as directed