

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

5498

Registration District No. 30 Registered No. 1102
(For use of Local Registrar)(2) Full Name of Child Azalia Irudell Beard

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

(3) BOY OR GIRL? g(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 1 22 1922

FATHER.

(8) FULL NAME

James V Beard

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Traveler(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Elvie Eola Watts

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Osborne Sr(24) State whether Physician or Midwife MD(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 2-25-1922Local 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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