

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____or
City of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 A

FILE No. - For State Registrar Only

126835

Registered No. _____

(For use of Local Registrar)

Ward) _____

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

2. FULL NAME OF CHILD

Irma Mary Roberts

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

3. BOY OR
GIRL OR4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes7. DATE OF BIRTH April 141922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8. FULL
NAMEIrma Harper Roberts9. PRESENT
POSTOFFICE
OF FATHERColumbia S.C.10. COLOR
OR
RACE w11. AGE AT LAST
BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

Salmon20. Number of children born to
mother, including present birth { 1

MOTHER

14. NAME BEFORE
MARRIAGEMarie Julia Roberts15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE w17. AGE AT LAST
BIRTHDAY

(Years)

18. BIRTHPLACE

19. OCCUPATION

Domestic21. 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 Born alive at — M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature W. H. Nelson M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

192

Registrar

26. Witness

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

27. Filed

19

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.