

22 049477

Form No. 3

CERTIFICATE OF BIRTH

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

FILE No.—For State Registrar Only
1876

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
or
City of Columbia SC
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 38-b Registered No.
(For use of Local Registrar)
St. Edgewood Ward.....
(No.)

2. FULL NAME OF CHILD Bernice Grace Perry (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL
4. ~~Partner~~ ~~Partner~~
5. Number in order of birth First
6. Are 17 yr Parents Married? yes
7. DATE OF BIRTH October 26 1922
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Jessie Perry
9. PRESENT POSTOFFICE OF FATHER Blenny SC
10. COLOR white RACE white
11. AGE AT LAST BIRTHDAY 47 (Years)
12. BIRTHPLACE Columbia SC
13. OCCUPATION Painting
14. Number of children born to mother, including present birth Two

MOTHER
14. NAME BEFORE MARRIAGE Nergie Brazell
15. PRESENT POSTOFFICE OF MOTHER Edgewood
16. COLOR white RACE white
17. AGE AT LAST BIRTHDAY 27 (Years)
18. BIRTHPLACE Richland County
19. OCCUPATION wife
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 alive at 2:29 M. on the date above stated. (Born ~~alive~~) (Hour A.M. or P.M.)

23. Signature J.D. Kendall M.D.
24. State whether Physician or Midwife M.D. 25. Address of Physician or Midwife Columbia SC

Given name added from a supplemental report
..... 193.....
.....
Registrar

26. Witness..... (Signature of Witness necessary only when question 23 is signed by mark)
27. Filed Jan 11 1924 28. M.B. Woodward MD
Asst. State

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. No report is desired of stillbirths before the fifth month of pregnancy. If a child breathes even once, it must not be reported as stillborn.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
FOR EACH CHILD, and mark the
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the