

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 FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Rich. Land
Township of
OR
Inc. Town of Columbia
OR
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36160

Registration District No. Registered No.
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Edward Herrin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 12 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Benjamin Herrin
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Columbia
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Herrin
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Year)
(18) BIRTHPLACE Columbia
(19) OCCUPATION domestic
(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 Sarah Herrin at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Seather Dixon (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 signed by mark)
(27) Filed Nov 10 19 22 (28) L. C. McCreary 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.