

(1) PLACE OF BIRTH
County of Richland
Township of Richland
or
Inc. Town of
or
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
91461

Registration District No. 38a Registered No. 38a
(For use of Local Registrar)
St.; Richland Ward
(No.)

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

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 3, 1914
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert C. Hedgepath
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Lexington CO
(13) OCCUPATION Truckman
(14) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Bell Fuller
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Lexington CO
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive, at 10 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. A. Oxner M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 191.... (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.
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