

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

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

31971

Registration District No. 389 Registered No. 193

(For use of Local Registrar)

(No. 17184 St.; Ward)

(2) Full Name of Child

Helie Inattaba

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>9/22/22</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	--------------------------------------	---

FATHER.

(8) FULL NAME Zebe Inattaba(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Labour(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Inattaba(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE SC(19) OCCUPATION housewife(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 11 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Columbia SC

Given name added from a supplemental report

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

(27) Filed 9-26-22 (28) W. H. Anderson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.