

(1) PLACE OF BIRTH

County of

Richland

Township of

Inc. or

Town of

City of

If birth occurs in a hospital or other institution

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2358

Registration District No. 3

Registered No. 1022

(For use of Local Registrar)

No. 411 Hampton Ave.

St. Ward)

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

(2) Full Name of Child... Louise Blushell N.

(3) SEX OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
IF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

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) Midwife 15-07-Huger

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

(26) (Name added from a supplement-
tal report)(27) Witness Louise Wallace
(Signature of Witness necessary only
when question 23 is signed by mark)(28) Filed 1-26-1912 (29)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.