

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or Inc. Town of .....

City of Columbia S.C.

(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

2322

Registration District No. 34 Registered No. 1066

(For use of Local Registrar)

2) Full Name of Child Wm. A. Friend Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? one (5) Number in order of birth 2nd  
(to be answered only in case of twins or triplets)(6) Are Parents Married? yes(7) DATE OF BIRTH July 30 1925  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Wm. A. Friend(14) NAME BEFORE MARRIAGE Mellie May Jones(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Equador, South America(18) BIRTHPLACE Newberry S.C.(13) OCCUPATION Chauffeur(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. P. Phelan, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness .....

(Signature of witness signed by mark)

(27) Filed 2-6 1925 C. P. Phelan, M.D.

\*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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