

MARGIN RESERVE FOR BINDING.  
 WHITE 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  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Columbia  
 Township of .....  
 or  
 Inc. Town of .....  
 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

19957

Registration District No. 35a Registered No. 1448

(No. 1448 St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Barnard A. Mearley Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Barnard A. Mearley  
 (9) PRESENT POSTOFFICE OF FATHER Columbia SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE W.D.  
 (13) OCCUPATION Wholesale Meat Dealer  
 (20) Number of children born to mother, including present birth 1 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Collins  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE W.D.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Haygood

(24) State whether Physician or Midwife

(25) Address of Physician or 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 6-16-19 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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