

(1) PLACE OF BIRTH

County of *Richland*

Township of

Inc. Town of

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

Registration District No. *38B*No. *29960*Registered No. *239*
(For use of Local Registrar)(2) Full Name of Child *Money M. Utz*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet *1* (5) Number in order of birth *1* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Sept. 25, 1923*
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME *Thomas Pinkney M. Utz*(9) PRESENT POSTOFFICE OF FATHER *T. F. D. # 5*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32*
(Year)(12) BIRTHPLACE *Lexington, S. C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Blanche Louise Large*(15) PRESENT POSTOFFICE OF MOTHER *T. F. D. # 5*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *27*
(Year)(18) BIRTHPLACE *Lexington, S. C.*(19) OCCUPATION *House wife.*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born alive* at *12:10 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Patsy B. Henderson*(23) State whether Physician or Midwife *Midwife* (24) Address of Physician or Midwife *Edgewood, P. O.*

Given name added from a supplemental report

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

(26) Date *Sept. 25, 1923*

When this report is filed, the mother, householder, or other person who has the child, should make this return. If a child is born, the report is required as children. No report is required of children born before the birth of pregnancy.