

(1) PLACE OF BIRTH  
County of Richland

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**16462**

Township of Columbia

or  
Inc. Town of Columbia

or  
City of Columbia

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

Registration District No. 58

Registered No. 1376

(For use of Local Registrar)

(No. 1608 College St.; 1st Ward)

(2) Full Name of Child Rachael Allison Stone

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? ☒

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE BIRTH May, 19, 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ira Thomas Stone

(9) PRESENT POSTOFFICE OF FATHER 1608 College St. Columbia: S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Henderson: N.C.

(13) OCCUPATION Retired

(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Pearl Davis

(15) PRESENT POSTOFFICE OF MOTHER 1608 College St. Columbia: S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Florence: S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:15 P. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) James H. Hester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1501 Folly St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5.24.1922 (28)

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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