

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
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

File No.—For State Registrar Only
19914

Registration District No. 388 Registered No. 112
(For use of Local Registrar)
St.; Ward)
(No. 2305 Lincoln)

2) Full Name of Child Gladys Gloria Wise If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? 4 (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH May 21, 1924
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Franklin D. Wise
9) PRESENT POSTOFFICE OF FATHER 2305 Lincoln
10) COLOR W (11) AGE AT LAST BIRTHDAY 27 (Years)
12) BIRTHPLACE DC
13) OCCUPATION Salesman
14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Virginia H. Rice
(15) PRESENT POSTOFFICE OF MOTHER 2305 Lincoln
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE DC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was Born at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23) (Signature) R. J. [Signature]
24) State whether Physician or Midwife 25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6-10-24 (28) W. A. [Signature] 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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