

(1) PLACE OF BIRTH

County of RichlandTownship of Columbia S.C.

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 38BNo. 18936 - For State Registrar Only

18936

Registered No. 4074
(For use of Local Registrar)(No. Arthur S.T. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.) Houl(2) Full Name of Child Janice Arden

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

(3) BOY OR GIRL girl (4) Twin or Triplet T (5) Number in order of birth 1 (6) Age of child at birth 28 (7) DATE OF BIRTH June 18, 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ray Arden(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE R.K.(13) OCCUPATION Public work(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Janice Childa(16) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(17) COLOR OR RACE B (18) AGE AT LAST BIRTHDAY 24 (Year)(19) BIRTHPLACE Richland(20) OCCUPATION house work(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 Delivered at 9 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife Columbia S.C. 38B

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 21, 1923 (28) AP

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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