

## (1) PLACE OF BIRTH

County of Richland

Township of .....

In Town of .....

City of Columbia(No. 1217 Frank) St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Robert Frank

File No.—For State Registrar Only

19941

Registration District No. 382Registered No. 129

(For use of Local Registrar)

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

DAY OR  
NIGHT(4) Twin  
or triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

Name of Month (Day) (Year)

## FATHER.

FULL  
NAMEPRESENT  
POSTOFFICE  
OF FATHERCOLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

OCCUPATION

Number of children born to  
mother, including present birth

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. W. W.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb 3 1912

(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.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.