

(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

File No.—For State Registrar Only

5056

Registration District No. 38 Registered No. 138

(For use of Local Registrar)

City of Columbia (No. 1402 Calhoun St. ... Ward ...)2) Full Name of Child Mary Lucia Banker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL 9 (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? 9 (7) DATE OF BIRTH Feb. 26, 23 (Name of Month) (Day) (Year)

FATHER.

9) FULL NAME Raymond Augustus Banker NAME BEFORE MARRIAGE Mable Rebecca Carter10) PRESENT POSTOFFICE OF FATHER 1402 Calhoun (15) PRESENT POSTOFFICE OF MOTHER 1402 Calhoun(11) COLOR OR RACE W (12) AGE AT LAST BIRTHDAY 28 (13) COLOR OR RACE W (14) AGE AT LAST BIRTHDAY 25 (Years)(16) BIRTHPLACE P.C. (17) BIRTHPLACE B.C.(18) OCCUPATION Machinist (19) OCCUPATION House(20) Number of children born to father, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22) I hereby certify that I attended the birth of this child, who was born at Richland on the date above stated. (Hour A. M. or P. M.) 9:40(23) (Signature) R. J. Green

(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 March 9, 1923 (28) A. J. Sloan Deputy State 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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