

## (1) PLACE OF BIRTH

County of RichlandTownship of Columbia River

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

Registration District No. 38B

File No.—For State Registrar Only

3370

Registered No. 271  
(For use of Local Registrar)(2) Full Name of Child Heath Deher

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>9-15-1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert Deher(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Richland Co.(13) OCCUPATION barber(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Jones(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Richland Co.(19) OCCUPATION Domestic(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 alive at P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Jenkins M.D. Columbia S.C.

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

(Given name added from a supplemental report)

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 19 1922 at Columbia S.C.  
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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, Bureau of Columbia, Columbia, S. C.