

## (1) PLACE OF BIRTH

County of Richland Co.

Township of .....

Inc. or Town of .....

City of Columbia S.C.

(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  
19980Registration District No. 382 Registered No. 148

(For use of Local Registrar)

(2) Full Name of Child Lumus Martin { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 16 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME: Lumus Martin(9) PRESENT POSTOFFICE OF FATHER 410 Henderson St(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION day labor(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Paul Richardson(15) PRESENT POSTOFFICE OF MOTHER 410 Henderson St(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Likesland S.C.(19) OCCUPATION Wash woman(20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 Am. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Harris

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

mid wife 1457 Whaley St

Given name added from a supplemental report

....., 191.....

.....

Registrar

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

(27) Filed 6-19-22 191..... (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.

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TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.