

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

File No.—For State Registrar Only

36182

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

St.; (For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

OCT 15 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Binar

(9) PRESENT POSTOFFICE OF FATHER

Rt 4 Colaba St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Richland County

(13) OCCUPATION

Public works

MOTHER.

(14) NAME BEFORE MARRIAGE

Missie John

(15) PRESENT POSTOFFICE OF MOTHER

Rt 4 Colaba St

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Weston St

(19) OCCUPATION

house work

(20) Number of children born to mother, including present birth

5

(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 alive at the date above stated.

(23) (Signature) Rachel Wright

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

mid wife Rt 4 Colaba St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1.1.22.1922

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.