

THIS IS A PERMANENT RECORD.
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.

REGAN OF COLUMBIA, COLUMBIA, S. C.

REGAN

(1) PLACE OF BIRTH

County of Richmond
Township of
or
Inc. Town of Central
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31799

Registration District No. 3200

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child

(3) BOY OR GIRL boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 9. 28. 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. Littleton
(9) PRESENT POSTOFFICE OF FATHER Central S.C. 3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Oconee S.C.

MOTHER.
(14) NAME BEFORE MARRIAGE May Helstap
(15) PRESENT POSTOFFICE OF MOTHER Central S.C. 3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Piedmont S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15th

(21) Number of children of this mother now living, including present birth 15th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, at all
on the date above stated. (Born alive or stillborn) Hour 7. P.M. M. or P.M.

(23) (Signature) Wm. Littleton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (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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