

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
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

23632

Registration District No. 38 Registered No. 1425

(For use of Local Registrar)

(2) Full Name of Child Sarah Elizabeth Courap

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

(3) BOY OR GIRL? Girl

(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 June 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stephen Courap(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE N.C.(13) OCCUPATION Traveling Salesman(20) Number of children born to mother, including present birth 1 5

MOTHER

(14) NAME BEFORE MARRIAGE Susie Jane Carr(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Cunningham M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1416 Hampton

Given name added from a supplemental report

..... 191....

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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-28-1922 (28) J. B. Cunningham 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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WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.