

(1) PLACE OF BIRTH
County of Richland

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

File No. — For State Registrar Only
28055

Township of

or
Inc. Town of

or
City of Columbia

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

Registration District No. 38^B

Registered No. 192
(For use of Local Registrar)

(2) Full Name of Child Leathrine Antier Vance

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 17, 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank Vance

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Cook

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Wilhelmina Burton

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLORED OR RACE colored (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 AM, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Homer R. Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Edgewood S.C.

Given name of child and a supplemental report

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

(27) Filed Aug. 29, 1923 (28) C. D. Sloan 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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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH 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.