

(1) PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

or  
Ine. Town of \_\_\_\_\_

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

12592

Registration District No. 389

Registered No. 34

(For use of Local Registrar)

(No. 131 Gregg St.; \_\_\_\_\_ Ward)

(2) Full Name of Child Mason Charles

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

BOY OR GIRL?

(4) Twin or triplet? \_\_\_\_\_

(5) Number in order of birth \_\_\_\_\_

(6) Are Parents Married? Y

(7) DATE OF BIRTH 3/19/37  
(Name of Month) (Day) (Year)

#### FATHER:

(8) FULL NAME W. C. Harris

(9) PRESENT POSTOFFICE OF FATHER Richland

(10) COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Store Keeper

(14) Number of children born to mother, including present birth 16

#### MOTHER:

(14) NAME BEFORE MARRIAGE Ada Harris

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Home Keeper

(20) Number of children of this mother now living, including present birth 4

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P \_\_\_\_\_ M., on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report \_\_\_\_\_

(26) Witness \_\_\_\_\_

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

\*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 be reported as stillborn. No report is desired of stillbirths before the \_\_\_\_\_ month of pregnancy.

In case of TWINS OR TRIPLETS, use 4 SEPARATE BLUE BEANS, for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 8.

City of Columbia

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