

(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

5492

Registration District No. 354Registered No. 1118

(For use of Local Registrar)

(2) Full Name of Child Paul Joseph Corley Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 30 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Joseph Corley(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Mail Carrier

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

MOTHER.

(14) NAME BEFORE MARRIAGE Silvian Byrd(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)9/5/22(23) (Signature) Jane Bruce Guiford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1416 Hampton

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question is asked)

(27) Filed 9-25

1922 (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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