CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 91516

Registration District No. 38a Registered No. 1584
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of .....
or
City of Columbia (No. 1701 Lower St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lilla Beatrice Hooper {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 event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH Dec 8 (Name of Month) (Day), 1916 (Year)

FATHER.
(8) FULL NAME J. D. Hooper
(9) PRESENT POSTOFFICE OF FATHER Columbia S C
(10) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Columbia S C
(13) OCCUPATION Car motorman

MOTHER.
(14) NAME BEFORE MARRIAGE Lilla Roberts
(15) PRESENT POSTOFFICE OF MOTHER Columbia S C
(16) COLOR OR RACE white
(17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Richland co S C
(19) OCCUPATION house work

(20) Number of children born to mother, including present birth 3
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lilla Dixon
(24) State whether Physician or Midwife midwife
(25) Address of Physician or Midwife 1718 Wheat st

Given name added from a supplemental report
..... 19 ....
..... Registrar

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

(27) Filed 12/18 1916 (28) [illegible] 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.

McCAW, COLUMBIA, S. C.
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
WHEN PLAIN, WITH UNFADING INK—PRESS IN A PHOTOGRAPHIC RECORDER.
MARGIN ABOVE THIS LINE FOR BINDING ONLY.