

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INK. THIS IS A PERMANENT RECORD.
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 1.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Rich
Township of City
or
Inc. Town of
or
City of
(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

Registration District No. 362 Registered No. 209
(For use of Local Registrar)
(No. St.: Ward)

File No.—For State Registrar Only
42086

(2) Full Name of Child

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

(3) SEX—BOY OR GIRL? (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH 12-31-1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
(12) BIRTHPLACE
(13) OCCUPATION

(14) NAME BEFORE MARRIAGE
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Year)
(18) BIRTHPLACE
(19) OCCUPATION

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 936

Given name added from a supplemental report

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

(27) Filed DEC 31 1923 (28) [Signature] 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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