

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING 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.

PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA.		91551	
Township of		Bureau of Vital Statistics			
Inc. Town of <u>Shandon</u>		State Board of Health			
City of		Registration District No. <u>389</u>		Registered No. <u>1626</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Cor. Sime & Hill St.</u> St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child. <u>James Wallace Rion</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2</u> , <u>21</u> , 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Halbrook Rion Jr</u>			(14) NAME BEFORE MARRIAGE <u>Frederine Elliott</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>D.C.</u>			(18) BIRTHPLACE <u>D.C.</u>		
(13) OCCUPATION <u>Bookkeeper</u>			(19) OCCUPATION <u>—</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1</u> M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>J. M. Gibson Jr</u>					
(24) State whether Physician or Midwife <u>MD</u>					
(25) Address of Physician or Midwife <u>Columbia S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>1/12/1917</u> (28) <u>Edith Gibson</u> Local Registrar		
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.