

(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

5494

Registration District No. 380 Registered No. 1118

(For use of Local Registrar)

(2) Full Name of Child Ruth Ann Civil

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 22, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Civil

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Traveling Salesman

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Shannonhouse

(15) PRESENT POSTOFFICE OF MOTHER

Columbia(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 alive at 8:15 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Crawford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1416 Hampton

Given name added from a supplemental report

..... 191.....

.....
Registrar

(26) Witness

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

(27) Filed

2:25J. B. Crawford
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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