

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 8.

MECAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkley
Township of St. James
OR
Inc. Town of
OR
City of

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

File No.—For State Registrar Only
29078

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 29, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter A. A. Stone
(9) PRESENT POSTOFFICE OF FATHER Palmville S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Berkley Co.
(13) OCCUPATION public work.
(20) Number of children born to mother, including present birth 1-2-10

MOTHER.
(14) NAME BEFORE MARRIAGE Isabel Washington
(15) PRESENT POSTOFFICE OF MOTHER Palmville S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Berkley Co.
(19) OCCUPATION house work.
(21) Number of children of this mother now living, including present birth 1-10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 11:00 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Isabel Washington
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Jamesburg

Given name added from a supplemental report
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19
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 9, 1922 (28) W. A. Stone
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.