

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia, S.C.

(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

18943

Registration District No. 3813Registered No. 156

(For use of Local Registrar)

(2) Full Name of Child Isaac M. Lufendin

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 25 20

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac M. Lufendin(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Black Smith(14) Number of children born to mother, including present birth 5(14) NAME BEFORE MARRIAGE Mattie Crompton(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Columbia, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ..... 5:15 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Lufendin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 3109 Calumet Ave.

Given name added from a supplemental report

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Registrar

(26) Witness J. R. Lufendin

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

(27) Filed July 6, 1903(28) J. R. Lufendin

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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