

MEANS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Richland

Township of

Columbia

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.)

(2) Full Name of Child

unnamed

File No.—For State Registrar Only

31953

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.8.2

Registered No. 1.7.45

(For use of Local Registrar)

(No. 19 Elmore Ave. St.;

Ward)

3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF

BIRTH Sept 27, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive at 4:45 A. M.

(Born alive or stillborn) (Hour A. M., or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-4

10 22

(28) 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.