(1) PLACE OF BIRTH

County of Richland

Township of Columbia S.C.

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) Home

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31949

Registration District No. 35 Registered No. 1743
(For use of Local Registrar)

(2) Full Name of Child Jolpe B Leard

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	+ To be answered only in event of Twins or Triplets		Yes	Sept 29, 1922

FATHER

(8) FULL NAME: Jor Beard

(9) PRESENT POSTOFFICE OF FATHER: S. C.

(10) COLOR OR RACE: B

(11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: S. C.

(13) OCCUPATION: Farm work

(20) Number of children born to mother, including present birth: 3

MOTHER

(14) NAME BEFORE MARRIAGE: Camilla Hakins

(15) PRESENT POSTOFFICE OF MOTHER: S. C.

(16) COLOR OR RACE: B

(17) AGE AT LAST BIRTHDAY: 33 (Years)

(18) BIRTHPLACE: Sumter S.C.

(19) OCCUPATION: Base work

(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 Delivered at 9 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Myers

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Columbia SC 4 Box 16

Given name added from a supplemental report

E. Paul Evans

..... 19 .... Registrar

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

(27) Filed 10-4-1922 (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.

DIRECTIONS RESPECTED FOR FILLING.
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.

Mecay of Columbia, Columbia, S. C.