

MARGIN RESERVED FOR BINDING.

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.
MEDIAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Archute
Township of Archute
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
42176

Registration District No. 170 Registered No. 104
(For use of Local Registrar)

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

(2) Full Name of Child Elizabeth Margaret Larrison
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 24 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Rapid F. Larrison
(9) PRESENT POSTOFFICE OF FATHER Summerville, S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Years)
(12) BIRTHPLACE Summerville, S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Minnie Perry
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE North Carolina
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at S. C. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Larrison
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S. C.

Given name added from a supplemental report
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(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 5 1923 (28) G. F. Porter
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.