

(1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31884

Township of .....

or  
Inc. Town of .....or  
City of Columbia S.C. (No. .... St.; .... Ward)

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

Registration District No. 38 Registered No. 1701

(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

To be answered only in case of twins or triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 15, 1902  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Willie James(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Shallot S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Miss Margaret(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Windsor, Fla.(19) OCCUPATION housewife(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 Born at 9:30 a.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary Ann Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 1339 Henderson St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/29/02 191...

(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.

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McGraw, of Columbia