

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.

MAGNAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

40693

Registration District No. 4603 Registered No. 73
(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? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Alphonse Joseph</u>			(14) NAME BEFORE MARRIAGE <u>Beatrice Emma</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Alton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Alton</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Alton</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Alton</u>	
(19) OCCUPATION <u>Farmer</u>			(20) BIRTHPLACE <u>Alton</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William J. Edmunds(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Alton

Given name added from a supplemental report

(26) Witness William J. Edmunds
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 15 19 22 (28) Ed. Roese
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.

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