

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 questions 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—for State Registrar	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		37420	
Township of		Bureau of Vital Statistics		Registration District No. <u>38B</u>	
City of <u>Columbia</u>		State Board of Health		Registered No. <u>287</u>	
(If birth occurred in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>38B</u>		(For use of Local Registrar)	
(2) Full Name of Child <u>Catherine Thomas LeBarde</u>		(No. <u>1130</u> <u>Gladden</u> St.; Ward)		If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 12, 1923</u>	
FATHER		MOTHER			
(8) FULL NAME <u>Pierre J. LeBarde</u>		(14) NAME BEFORE MARRIAGE <u>Emma Irene Thomas</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>1130 Gladden St.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>1130 Gladden</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u>		(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>27</u>		(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Lawyer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>39</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Pierre J. LeBarde</u>		(24) Address of Physician or Midwife <u>Columbia S.C.</u>			
(25) State whether Physician or Midwife		(26) Address of Physician or Midwife			
Given name added from a supplementary report <u>7/23/45</u>		(27) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)			
(28) Registrar <u>19</u>		(29) Filed <u>Nov 12, 1923</u> (30) <u>Seal</u> 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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