

N. D.—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.

(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
36163

Township of

or

Inc. Town of

or

City of

County

Registration District No.

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child

James Walter Eleazer

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

(3) BOY OR GIRL? *B*

(4) Twin or Triplet? *-*

(5) Number in order of birth *5*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Oct 4 1922

FATHER.

(8) FULL NAME

John Coogler

(9) PRESENT POSTOFFICE OF FATHER

Columbia R.H.D.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

57

(12) BIRTHPLACE

Lexington Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Willie Coogler

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

Lexington Co.

(19) OCCUPATION

Domestic

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

Five

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 P.* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

F. R. Greger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 2620 Main St.

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed

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(28)

(29) 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.