

(1) PLACE OF BIRTH  
County of Richland  
Township of Columbia

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**36199**

Inc. Town of Columbia Registration District No. 380 Registered No. 1875  
(For use of Local Registrar)  
City of Columbia (No. 1874 Pendleton St.; 1 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Monroe Mayer Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH October 27, 1922  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Monroe Mayer  
(9) PRESENT POSTOFFICE OF FATHER 1874 Pendleton St. Columbia S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)  
(12) BIRTHPLACE Albany Ga.  
(13) OCCUPATION Wholesale & Retail Cigar Tobacco Co.  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Rosa Strickman  
(15) PRESENT POSTOFFICE OF MOTHER 1874 Pendleton St. Columbia S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)  
(18) BIRTHPLACE Atlanta Ga.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 9:25 A.M. (Born alive or stillborn) (House, A. M. or P. M.)  
on the date above stated.

(23) (Signature) James H. H. H.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1501 Long St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10-31-1922 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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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 question 5.