

(4) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(4) 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

27652

Township of

or

Inc. Town of

or

City of Columbia

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

Registration District No. 384Registered No. 174

(For use of Local Registrar)

St.; Ward)

2) Full Name of Child Virginia Lee

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

BOY OR GIRL? girl(4) Twin or triplet? no(5) Number in order of birth 1

To be answered only in event of Twin or triplet's

(6) Are Parents Married? y.(7) DATE OF BIRTH May, 13, 1912
(Name of Month) (Day) (Year)

FATHER.

FULL NAME James MalonePRESENT POSTOFFICE OF FATHER Columbia D.C. 4.7.D. #13COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE Dennis Co.OCCUPATION CarpenterNumber of children born to father, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Fox(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C. 4.7.D. #13(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Columbia D.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Robert R. White(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1512 Main St

Name added from a supplemental report

(26) Witness

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

(27) Filed May 13, 1912

(28)

Registrar

Local Registrar

before the fifth month of pregnancy.