

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
87499

(1) PLACE OF BIRTH

County of *Richland*Township of *Richland*

Inc. Town of

City of

Registration District No. *4004*Registered No. *13*

(For use of Local Registrar)

St.; Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
City of *Richland* (No. *13*)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(2) Full Name of Child *Julia Rose*(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Nov 15 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *David*(9) PRESENT POSTOFFICE OF FATHER *11*(10) COLOR OR RACE *11*

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE *11*(13) OCCUPATION *11*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. David*(15) PRESENT POSTOFFICE OF MOTHER *Applia Rd*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *26*

(Years)

(18) BIRTHPLACE *11*(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 *alive* at *5 P.* M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Lina Bay*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife*

Given name added from a supplemental report

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

(27) Local Registrar *1916* (28) *M. M. McCall* 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.

MARGIN RESERVED FOR INDEXING.
WHITE 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.