

1) PLACE OF BIRTH

County of

Columbia

Township of

Loc. Town of

City of

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

2) Full Name of Child

Bettie Corral

File No.—For State Registrar Only

87139

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

38a

Registered No.

1526

(For use of Local Registrar)

St.; Ward

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

3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 28, 1926

(Name of Month) (Day) (Year)

## FATHER.

NAME

Johnnie Corral

PRESENT ADDRESS

1610 Rice St

COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Lexington S.C.

OCCUPATION

Hay Land

## MOTHER.

(14) NAME BEFORE MARRIAGE

Millie Sykes

(15) PRESENT POSTOFFICE OF MOTHER

1610 Rice St

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

Wash woman

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

none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Maggie Jones

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

1716 Rice St

Given name added from a supplemental report

(26) Witness

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

Filed 11/15/26

C. C. C. C. C.

When there was no attending physician or midwife, then the mother, nurse, etc., should make this report, and if a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.