

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia S.C.

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31928

Registration District No. 38<sup>1</sup> Registered No. 1720  
(For use of Local Registrar)(2) Full Name of Child William Fisher Plane 3<sup>rd</sup> If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Fisher Plane Jr.(9) PRESENT POSTOFFICE OF FATHER 2050 N. Main St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Atlanta Ga.(13) OCCUPATION Credit Manager of Liberty National Bank(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE May Foster Freeman(15) PRESENT POSTOFFICE OF MOTHER 2050 N. Main St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(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 alive at 5 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles E. Davis(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1305 Laurel St.

Given name added from a supplemental report

William Fisher Plane Jr.  
Registrar

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

(27) Filed 9-29-22 (28) 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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