

(1) 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

36200

Township of

or
Inc. Town of

Columbia

Registration District No.

38a

Registered No.

1814

(For use of Local Registrar)

City of

(No. 607 Laurel St)

St.:

Ward

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

(2) Full Name of Child Janie Elizabeth Maise

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

1

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Oct. 18

22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Maise

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

North S.C.

(13) OCCUPATION

Common Labor.

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Laisy Spell

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Orangeburg S.C.

(19) OCCUPATION

House Keeping

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 min 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Midwife 1507 Laurel St.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

Laurie Wallace

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

(27) Filed

10-31-1912

(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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THIS IS A 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.