

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia, S.C.

(If birth occurs in a hospital or other institution, give name 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

2321

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Robert Lee Huchabee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

8

(6) Are Parents Married?

(7) DATE OF

BIRTH Jan 3, 1922  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Illegitimate (not known)

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian James

(15) PRESENT POSTOFFICE OF MOTHER

S.C. State Hospital, Col. S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40

(Year)

(18) BIRTHPLACE

?

(19) OCCUPATION

?

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

?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Catherine M. McQuinn

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

State Hospital

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed

19

(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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STATE OF SOUTH CAROLINA, Columbia, S. C. FIRST-BORN, No. 2, etc., in question 5.