

WRITE 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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia (No. 904 Columbia City)
(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
16432

Registration District No. 382 Registered No. 1545
(For use of Local Registrar)

(2) Full Name of Child Miss I. B. B. B. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. J. B. B.
(9) PRESENT POSTOFFICE OF FATHER Columbia S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE Long Star, S. C.
(13) OCCUPATION Salesman
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lessie Ballentine
(15) PRESENT POSTOFFICE OF MOTHER Columbia S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Year)
(18) BIRTHPLACE Lexington, S. C.
(19) OCCUPATION Housewife
(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 1:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edythe Wellbourne
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia S. C.
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by me)
(27) Filed 5/8/22 (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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