

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

Form 5-6

MACAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Sumner
Township of
or
Inc. Town of
or
City of
(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

4456

Registration District No. 23a

Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Doyle Louise

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

To be answered only in case of Twins or Triplets

(5) Number in order of birth 409

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 1 1922
(Month) (Day) (Year)

FATHER

(8) FULL NAME Cady Hoemalper

(9) PRESENT POSTOFFICE OF FATHER Good R.R.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE Ga

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Jessie Anne Phillips

(15) PRESENT POSTOFFICE OF MOTHER Good R.R.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE Ga

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. A. Harrison

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Good R.R.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/10/22

(28) W. A. Williams
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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