

MARGIN RESERVED FOR BINDING. 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.

## (1) PLACE OF BIRTH

County of Lexington

Township of .....

OR  
Inc. Town of Columbia, S.C.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 HealthFile No. 22 050931 OnlyRegistration District No. 3805 Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Della Finch

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? Twin

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept. 27, 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Finch

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

Lexington

(13) OCCUPATION

Farming

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Perl Jefson

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Lexington

(19) OCCUPATION

Farming

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was. Alive ..... at. 5 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Della Richardson

(24) State whether Physician or Midwife

Midwife

(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 mark)

(27) Filed Oct 6 19 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.