

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or Inc. Town of .....

or City of Columbia

(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

91543

Registration District No. 38a Registered No. 1615  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL? girl(4) Twin or triplet? 1(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 9, 1916  
(Name of Month) (Day) (Year)

## MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE Ruby Arena Hammond(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 3:30 A.M. (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Phyllis A. McKee

(24) State whether Physician or 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 1/4, 1917

(28) Local Registrar

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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