

Form No. 1

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only  
**91471**

(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 same instead of street and number.)

Registration District No. **35.2** Registered No. **365**

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child **Raymond Peterson**

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

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **✓** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Dec. 11, 1916**  
 (Name of Month) (Day) (Year)

MOTHER.

FATHER.  
 (8) FULL NAME **Eddie Peterson**  
 (9) PRESENT POSTOFFICE OF FATHER **1218 Assembly St.**  
 (10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **35** (Years)  
 (12) BIRTHPLACE **Sumter S.C.**  
 (13) OCCUPATION **Unemployed**  
 (14) NAME BEFORE MARRIAGE **May Blountfield**  
 (15) PRESENT POSTOFFICE OF MOTHER **1218 Assembly St.**  
 (16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **32** (Years)  
 (18) BIRTHPLACE **Sumter S.C.**  
 (19) OCCUPATION **Housewife**  
 (20) Number of children born to mother, including present birth **1 absent**  
 (21) Number of children of this mother now living, including present birth **eight**

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **4 A.** (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) **Malissa T. Holman**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **1813 Pulaski St.**(26) Witness **Shirrell Mack**

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

(27) Filed **Dec 15 1916** (28) **W. A. [Signature]** Local Registrar

Given name added from a supplemental report

....., 191.....

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.