

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Saluda  
Township of # 2  
or  
Inc. Town of Ridge Spring  
or  
City of .....

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

File No.—For State Registrar Only  
**23759**

Registration District No. 3901 Registered No. 53  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leila Nellie Raff (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH April 3 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE  
(11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Raff  
(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 20  
(18) BIRTHPLACE Ridge Spring  
(19) OCCUPATION cook & laborer  
(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7:40 A. M.

(23) (Signature) D. B. Foulkes M.D. (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed July 12 1922 (28) F. O. Branch 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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