

THIS IS A PERMANENT RECORD.  
 WHITE 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 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.)

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

Registration District No. 38a

File No.—For State Registrar Only

19967

Registered No. 1467  
 (For use of Local Registrar)

(2) Full Name of Child

Wallace Daniel Nozueira child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2, 1922  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Joseph Albert Nozueira (14) NAME BEFORE MARRIAGE Hattie Bell Lewis  
 (9) PRESENT POSTOFFICE OF FATHER City (15) PRESENT POSTOFFICE OF MOTHER City  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23  
 (Years) (Years) (18) BIRTHPLACE S.C.  
 (12) BIRTHPLACE Havana Cuba (19) OCCUPATION House wfm  
 (13) OCCUPATION Salesman (20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. N. Matthews M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6-11-22 (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.

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