

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia (No. 1)

(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

1990

Registration District No. 289 Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child James Allen Constan { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 7/20/90  
Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Allen(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Columbia(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE James Constan(16) PRESENT POSTOFFICE OF MOTHER Columbia(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 35

(Years)

(19) BIRTHPLACE Columbia(20) OCCUPATION Teacher(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 at 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. B. Constan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

Registrar

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

(27) Files June 1, 1912 (28) W. H. Allen 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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