

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

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

5036

Registration District No. 39 Registered No. 118

(For use of Local Registrar)

(No. 2016 Sumter St. Ward)

(2) Full Name of Child

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

(3) SEX Boy (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth no (6) Are Parents Married no (7) DATE OF BIRTH Feb. 12, 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James B. Bikes

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth none

MOTHER

(14) NAME BEFORE MARRIAGE Alberta Bikes

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Richland County

(19) OCCUPATION Domestic

(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 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Sloan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(When name added from a supplemental report)

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

(27) Filed Feb. 20, 1923 G. J. Sloan Local Registrar

When there was an attending physician or midwife before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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