

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5123

Township of Columbia

or

City of .....

Registration District No. 3804.9Registered No. 13

(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 Mary Frances

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

BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? no(7) DATE OF BIRTH Feb 10

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Dreke James(14) NAME BEFORE MARRIAGE Francis Anderson(9) PRESENT POSTOFFICE OF FATHER Columbia(15) PRESENT POSTOFFICE OF MOTHER Columbia(10) COLOR OF RACE Colored(11) AGE AT LAST BIRTHDAY 40 (Years)(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Columbia(18) BIRTHPLACE St. Louis, Mo.(13) OCCUPATION St. Pers State(19) OCCUPATION Laundry Washer(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at live as (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Col. R. H. Bell

Given name added from a supplemental report

(26) Witness

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

(27) Filed 23(28) E. M. Taylor Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return, as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.