

SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF BIRTHS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Carew
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40885

Registration District No. 313

Registered No. 48
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

Paul McCode

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct. 11, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul McCode

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C. R#6

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farm laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Delia Latimer

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Anderson, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 15, 1923

(28)

E. A. B. et al

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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