

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or 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

8881

Registration District No. 38Registered No. 1770

(For use of Local Registrar)

(No. SC Baptist Hosp) (Ward)

## (2) Full Name of Child

ZACHARY AS

(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

—

(6) Are Parents Married?

yes

(7) DATE OF

Feb. 141922

(Name of Month) (Day) (Year)

(8) FULL NAME

Zachary As Touloupas

## MOTHER.

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(14) NAME BEFORE MARRIAGE

Vasiliki K. Kakava

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(12) BIRTHPLACE

Greece

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Greece

(13) OCCUPATION

Restaurantern

(19) OCCUPATION

Housewife

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

1

(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 alive at 12:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lindsay Peters 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 was asked)

19

Registrar

(27) Filed 3-31

19

21

(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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy