CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

(1) **PLACE OF BIRTH**

County of _Richland_

Township of ....

or
Inc. Town of .... Registration District No. _38_ Registered No. _480_
(For use of Local Registrar)

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

File No.—For State Registrar Only
18913

(2) Full Name of Child _Ann Margaret Bull_ { 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 _June 24, 1922_ (Name of Month) (Day) (Year)

FATHER.	**MOTHER**
(8) FULL NAME _William Pinckney Bull_	(14) NAME BEFORE MARRIAGE _Netta Walker_
(9) PRESENT POSTOFFICE OF FATHER _Columbia_	(15) PRESENT POSTOFFICE OF MOTHER _Columbia_
(10) COLOR OR RACE _W_ (11) AGE AT LAST BIRTHDAY _45_ (Years)	(16) COLOR OR RACE _W_ (17) AGE AT LAST BIRTHDAY _23_ (Years)
(12) BIRTHPLACE _S.C._	(18) BIRTHPLACE _S.C._
(13) OCCUPATION _Steward at Pews Home_	(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 _alive_ on the date above stated. (Born alive or stillborn) _8-10_ A.M. (Hour A. M. or P. M.)

(23) (Signature) _Jane Bull_ _Pregnard_

(24) State whether Physician or Midwife (25) Address of Physician or Midwife _1416 Hampton_

Given name added from a supplemental report

.... 191....

.... Registrar

(26) Witness

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

(27) Filed _July 5, 1922_ (28) _C. P. Siers_ _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.