

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Richland
Township of
OR
Inc. Town of Columbia, S.C.
OR
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 38 Registered No. 1820
(For use of Local Registrar)
(No. 1629 Irish North St.; Ward)
(2) Full Name of Child un-named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 25, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. E. Trueluck</u>			(14) NAME BEFORE MARRIAGE <u>Mary Pope</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Charlottesville, S.C.</u>			(18) BIRTHPLACE <u>Garnett, S.C.</u>	
(13) OCCUPATION <u>Laundry</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>13</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:17 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Whorney Carr midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
31 E. Howard Ave.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-31-19 32 (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 stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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