

Form No. 1.

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

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

Registration District No. 38A

File No.—For State Registrar

91546

Registered No. 11621
(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Frederick Arnold

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 3

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 12 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles H Arnold

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Electrician

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annies P. Furrow

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION —

(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 alive at 130 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. M. [illegible]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

Sept 6 1918
[illegible]
Registrar

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

(27) Filed 1/12/1917

(28) [illegible] 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.

MARGIN RESERVED FOR BINDING.
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.