

County of Richland

Inc. Town of.....

City of Columbia

2. Full Name of Child

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 000

(No. 1.6.2.8...
give name of same ins

File No.—For State Registrar Only

91515

Registered No. 1583

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Frank Lopez

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH Dec 16, 1916
(Name of Month) (Day) (Year)

MOTHER.

FATHER.

(8) FULL NAME Joseph Goppa

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE Richland co SC

(13) OCCUPATION *Student*

20) Number of children born to present birth 6

(14) NAME BEFORE MARRIAGE Bessie Green

(15) PRESENT POSTOFFICE *Columbia S.C.*

(16) COLOR OR *colored* (17) AGE AT LAST BIRTHDAY *29* (Years)

(18) BIRTHPLACE *Richland Co*

(19) OCCUPATION

(21) Number of children of this mother 84

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. *Lilla Dixon* _____ (Signature of Midwife)

(23) (Signature)

(24) State whether

Midwife

Physician or Midwife *Luis*

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/18 1916 (28) Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., shall report the birth to the Registrar. No report is desired of stillbirths. 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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