

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.

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

or
City of Columbia, S.C.

(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

19971

Registration District No. 35 Registered No. 1472
(For use of Local Registrar)

(2) Full Name of Child Algeria Aykub

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922
(Name of Month) (Day) (Year)

FATHER. George M. Aykub MOTHER. Salma Kite

(8) FULL NAME George M. Aykub (14) NAME BEFORE MARRIAGE Salma Kite

(9) PRESENT POSTOFFICE OF FATHER City (15) PRESENT POSTOFFICE OF MOTHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year) (Year)

(12) BIRTHPLACE Seria (18) BIRTHPLACE Seria

(13) OCCUPATION Merchant (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. V. Matthews, 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 23 is signed by mark)

(27) Filed 6-29-22 (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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