

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

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

File No.—for State Registrar Only

5002

Registration District No. 38Registered No. 78
(For use of Local Registrar)(No. 324 Bull St.; 65 Ward)(2) Full Name of Child Mary H. Schubert

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

| | | | | |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet <u>-</u> To be answered only in event of Twin or Triplet | (5) Number in order of birth <u>-</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb 12 1923</u> (Name of Month) (Day) (Year) |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|

FATHER

(8) FULL NAME Blythe B. Schubert(9) PRESENT POSTOFFICE OF FATHER 324 Bull(10) COLOR OR RACE W - (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE N. C.(13) OCCUPATION Switchman (R.R.)

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. B. B. Schubert(15) PRESENT POSTOFFICE OF MOTHER 324 Bull(16) COLOR OR RACE W - (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE N. C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 2(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Oren LaBorde

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

Mary H. SchubertJan 15 1922

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Date Feb 1 1923 (28) 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

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 sixth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.