

(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

91544

Registration District No. 38A Registered No. 1616
(For use of Local Registrar)

St.;

Ward)

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

(2) Full Name of Child Cecile Rose Lang(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 26 1916
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Arthur L. Lang (14) NAME BEFORE MARRIAGE Wm. Shealey(9) PRESENT POSTOFFICE OF FATHER Columbia (15) PRESENT POSTOFFICE OF MOTHER Columbia(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (12) BIRTHPLACE Lexington Co. (13) OCCUPATION Auto Repair (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (18) BIRTHPLACE Lexington Co. (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) ...(27) Filed 1/4/1917 (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.

(27) Filed 1/11/1917 (28) ... Local Registrar

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