

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town

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

12606

Registration District No. 31 Registered No. 1286
(For use of Local Registrar)(No. Dofus Hospital) (Ward)(2) Full Name of Child James Edward Eries (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3-18-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Edward Eries(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME OF MOTHER Ethna Catherine Ganitt(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) 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 alive or stillborn on the date above stated. (Hour A. M. or P. M.) 6:15 P.M.(23) (Signature) D. N. Snodgrass M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature) Local Registrar(27) Filed 4-22-22 (28) Local Registrar

If 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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MARGIN RESERVED FOR BINDING.

WHILE FILLING IN, WITH READING INK—THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

M.C.