

NOT FOR COLUMBIA, COLUMBIA, S. C.
 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 Lower
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

32012

Registration District No. 3803 Registered No. 222
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Josephine Simon 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? No (7) DATE OF BIRTH Sept 11 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Lea Simon</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Dykess and P.C.</u>
(10) COLOR OR RACE		(16) COLOR OR RACE	<u>Caucasian</u>
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	<u>26</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>P. C.</u>
(13) OCCUPATION		(19) OCCUPATION	
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Washington

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dykess and P.C.

Given name added from a supplemental report

(26) Witness Mrs. J. R. Gorman
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9.26.22 (28) Mrs. J. R. Gorman
 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.