

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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>31945</b>	
County of <u>Richmond</u> Township of <u>Richmond</u> or Inc. Town of <u>Richmond</u> or City of <u>Columbia S.C.</u>		Registration District No. <u>35a</u>		Registered No. <u>6739</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>1715 Willmott</u> St. <u>3</u> Ward)			
(2) Full Name of Child <u>Franklin Walter</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>4/4/28</u> 10 <u>22</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Archard Walter</u>			(14) NAME BEFORE MARRIAGE <u>Rose Lee Davis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>		
(10) COLOR OR RACE <u>Colord</u>			(16) COLOR OR RACE <u>Colord</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Columbia S.C.</u>			(18) BIRTHPLACE <u>Newberry S.C.</u>		
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was. <u>Born alive</u> at <u>8 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physic or Midwife <u>Walter Hecuson Tomlinson Ave</u>					
Given name added from a supplemental report <u>Colord</u> Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Colord</u> Registrar		
(27) Filed <u>4</u> 10 <u>22</u> (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.					

RECEIVED BY COLUMBIA, S. C.