

WRITE PLAINLY, WITH UNFADING 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.

## (1) PLACE OF BIRTH

County of Richland CoTownship of Columbiaor  
Inc. Town of .....or  
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

19991

Registration District No. 38aRegistered No. 1492  
(For use of Local Registrar)(2) Full Name of Child Bessie Runk

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? —

To be answered only in case of Twins or Triplets

(5) Number in order of birth 3(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Harriet Runk

(9) PRESENT POSTOFFICE OF FATHER

1817 Richland

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

Cement worker

(20) Number of children born to mother, including present birth

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie James

(15) PRESENT POSTOFFICE OF MOTHER

1817 Richland Co

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Laundry

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Pearson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1206 DuPont Ave

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-20-22

(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.

Fifth month of pregnancy

Done

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