

(1) PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37409

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.)

Registration District No. 38C Registered No. 940
(For use of Local Registrar)(2) Full Name of Child Thomas Houston Vansant

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

(1) BOY OR GIRL? B. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 19 23
(Name of Month) (Day) (Year)(8) FULL NAME Ernest Shelton Vansant(14) NAME BEFORE MARRIAGE Myrtle Selma Amish(9) PRESENT POSTOFFICE OF FATHER Columbia(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 21
(Years) (Years)(12) BIRTHPLACE Lexington Co.(18) BIRTHPLACE Lexington Co.(13) OCCUPATION Insulation(19) OCCUPATION H. W.(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 5:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Bellard (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/17 1923 (28) A. J. Sloan 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.