

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.

WEEK OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of Church  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 4405

File No. — For State Registrar Only  
**9522**

Registered No. 26  
(For use of Local Registrar)

(No. 81; Ward 81)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lutheran Barber If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Nov 18 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ernest Barber  
(9) PRESENT POSTOFFICE OF FATHER Rockville Pa  
(10) COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 35 (Year)  
(12) BIRTHPLACE York Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Rouben  
(15) PRESENT POSTOFFICE OF MOTHER Rockville Pa  
(16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 38 (Year)  
(18) BIRTHPLACE York  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. E. Rudebusch  
(24) State whether Physician or Midwife MD (25) Address of Phys. or Midwife Rockville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 3/13/22 (28) J. R. Miller 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.