

## (1) PLACE OF BIRTH

County of Richland

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5006

Registration District No. 24th Registered No. 88

(For use of Local Registrar)

(No. S.C. State Hospital Ward)(2) Full Name of Child Easter Esther Bungardner (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 12 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Easter Esther Bungardner

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28  
(Year)

(12) BIRTHPLACE

U.C.

(13) OCCUPATION

Dentist

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Ann Callahan(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Year)

(18) BIRTHPLACE

Homer P.H. SC

(19) OCCUPATION

Housewife

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

one

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) John H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

When there is a child

When there is a child, the report is required of stillbirths