

THIS OR ANY OTHER FORM IS NOT VALID UNLESS USED IN CONNECTION WITH 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 | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|-------------------------------|---|---|---------------------------------------|--|
| County of <u>Richland</u> | | STATE OF SOUTH CAROLINA | | 5491 | |
| Township of <u>Columbia</u> | | Bureau of Vital Statistics | | Registered No. <u>1139</u> | |
| or | | State Board of Health | | (For use of Local Registrar) | |
| Inc. Town of | | Registration District No. <u>28</u> | | Registered No. <u>1139</u> | |
| or | | (No. <u>2122</u> <u>Sligh</u> St.; Ward) | | (For use of Local Registrar) | |
| City of <u>Columbia</u> | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | |
| (2) Full Name of Child <u>Walter H. Sirels</u> | | | | | |
| (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>—</u> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 31, 1922</u> | |
| To be answered only in event of Twins or Triplets | | | | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Heram Sirels</u> | | | (14) NAME BEFORE MARRIAGE <u>Mattie Lue Sirels</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Bladock Pa</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>2122 Slighs Arc</u> | | |
| (10) COLOR OR RACE <u>Colored</u> | | | (16) COLOR OR RACE <u>Colored</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) | | |
| (12) BIRTHPLACE <u>Richland Co</u> | | | (18) BIRTHPLACE <u>Fairfield Co</u> | | |
| (13) OCCUPATION <u>Steel worker</u> | | | (19) OCCUPATION <u>Housekeeping</u> | | |
| (20) Number of children born to mother, including present birth <u>Two</u> | | | (21) Number of children of this mother now living, including present birth <u>Two</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was, <u>alive</u> , at <u>4:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Charlotte Pearson</u> | | | | | |
| (24) State whether Physician or Midwife | | | | | |
| (25) Address of Physician or Midwife <u>Sligh Arc</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) | | |
| 19 | | | (27) Filed <u>3-2</u> 19 | | |
| Registrar | | | 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.

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