

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Buffalo
 or
 Inc. Town of
 or
 City of (No. Rd. Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4201

Registration District No. 700 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child

(1) SEX OF CHILD Girl (2) Type of Triplet None (3) Number in order of birth 1st (4) Are Parents Married Yes (5) DATE OF BIRTH July 10 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (6) FULL NAME Charles A. Strand
 (7) PRESENT POSTOFFICE OF FATHER Richland
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 33 (Year)
 (10) BIRTHPLACE Ill.
 (11) OCCUPATION Teacher
 (12) Number of children born to mother, including present birth 1

MOTHER
 (13) NAME BEFORE MARRIAGE Lela A. Robinson
 (14) PRESENT POSTOFFICE OF MOTHER Richland
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 27 (Year)
 (17) BIRTHPLACE Miss.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 2:00 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(21) (Signature) M. J. ... (22) Address of Physician or Midwife Richland
 (23) Name of Physician or Midwife M. J. ...

Given name added from a supplementary report

(24) Signature of Witness necessary only when question 20 is signed by mark

When there was no physician or midwife present, the mother should make this return. If a child was stillborn, the report is desired of stillbirths.

PLEASE PRINT PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN No. 1 THE OTHER, No. 2, etc., in question 1

Station of Columbia, Columbia, S. C.