

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

At City of Columbia.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of Columbia
or
City of
(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

23626

Registration District No. 8th Registered No. 1575
(For use of Local Registrar)
Columbia Hospital
(No. St. Ward)

(2) Full Name of Child Morris Charmichael Lumpkin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Morris C Lumpkin
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Ga
(13) OCCUPATION Lawyer
(20) Number of children born to mother, including present birth { 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs SW Braswell
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION —
(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 alive at 6:30 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jm Du Bose
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-19-22 191.... (28) 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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