

## (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

31957

Registration District No. *384* Registered No. *1753*

(For use of Local Registrar)

St.; ..... Ward)

2) Full Name of Child. *Juanita Gage* { If child is not yet named, make supplemental report as directed.

(3) SEX OR GIRL? *Girl* (4) Twin or Triplet? *None* (5) Number in order of birth *14* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 20, 22*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Louis E. Gage*(9) PRESENT POSTOFFICE OF FATHER *Columbia*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *47* (Years)(12) BIRTHPLACE *Logan, Ohio*(13) OCCUPATION *A. C. E. Engineer*(14) Number of children born to mother, including present birth *10*

## MOTHER

(14) NAME BEFORE MARRIAGE *Nellie Blatten*(15) PRESENT POSTOFFICE OF MOTHER *Columbia*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *39* (Years)(18) BIRTHPLACE *Logan, Ohio*(19) OCCUPATION *House-wife*(20) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *6:05 A.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. H. H. H. H.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Columbia*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *10-6-1912* (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.