

MAINTAIN THIS RECORD FOR FUTURE REFERENCE. THIS IS A PERMANENT RECORD.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

or
City of Columbia, S.C.

(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

31881

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

(No. S.C. State Hospital Ward)

(2) Full Name of Child Joseph Z. Couch

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy

(4) Twin or Triplet? one

(5) Number in order of birth first

(6) Are Parents Married? no

(7) DATE OF BIRTH Sept. 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER ?

(10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY ? (Year)

(12) BIRTHPLACE ?

(13) OCCUPATION ?

(14) NAME BEFORE MARRIAGE Lake Couch

(15) PRESENT POSTOFFICE OF MOTHER S.C. State Hospital

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION none

(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 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine K. Murrell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed 19 (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.

before the fifth month of pregnancy.