

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 6.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

of

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

19924

Registration District No. 35a

Registered No. 1458  
(For use of Local Registrar)

(2) Full Name of Child

Charles Butler Key (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 18, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Butler Key

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Insurance

(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Stephens Reynolds

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 8:35 M.,  
on the date above stated. (Born alive or stillborn) (Hour—M. or P.M.)

(23) (Signature) D. N. Matthews M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6-28-22 19 22 (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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