

(1) PLACE OF BIRTH

County of RichlandTownship of Columbia

Incl. Town of

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

513

Registration District No. 3804Registered No. 11

(For use of Local Registrar)

2) Full Name of Child Marie Peoples

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

BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1

to be entered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 21 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Peoples(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Richland(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Esie Kanashan(16) PRESENT POSTOFFICE OF MOTHER Columbia(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 30 (Years)(19) BIRTHPLACE Lexington(20) OCCUPATION housekeeper(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) hereby certify that I attended the birth of this child, who was born alive as 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Wells(24) State whether Physician or Midwife (25) Address of Physician or Midwife Col R # 3

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 23 (28) L. M. Taylor Special Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, or a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.