

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of
Township of *Fort Moultrie*
OR
Inc. Town of
OR
City of *Charleston*
(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
41433

Registration District No. *912* Registered No.
(For use of Local Registrar)
(No. *1012-* St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Elsie Vivian Metcalf*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? ☒ (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 22, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Marford Green Metcalf*
(9) PRESENT POSTOFFICE OF FATHER *Fort Moultrie*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31*
(Year)
(12) BIRTHPLACE *Arkansas*
(13) OCCUPATION *Soldier - U.S. Army*
(20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Frieda Kübler*
(15) PRESENT POSTOFFICE OF MOTHER *Fort Moultrie*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23*
(Year)
(18) BIRTHPLACE *Coblenz, Germany*
(19) OCCUPATION *Housewife*
(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 *9:15 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A.M. Bidwell* (24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *Fort Moultrie, S.C.*

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.

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