

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of Columbia

or

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

19920

Registration District No. 37A Registered No. 122

(For use of Local Registrar)

(2) Full Name of Child Dora Elene Cuddeback

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 24 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Howard Cuddeback(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Selma Jane Todd(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Columbia on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 1533 Broadway St

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 6-25-22 (28) [Signature] 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.

it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.