

(1) PLACE OF BIRTH
County of Richland
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31888

Inc. or Town of Registration District No. 384 Registered No. 1673
(For use of Local Registrar)
City of Columbia (No. 2216 Superior Ave 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 William Able If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parent Married? Yes (7) DATE OF BIRTH Sept 3 1922
(Name (Month) (Day) (Year))

FATHER.		MOTHER.	
(8) FULL NAME <u>Sam Able</u>	(14) NAME BEFORE MARRIAGE <u>Mary Polie</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	(16) COLOR OR RACE <u>Negro</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(18) BIRTHPLACE <u>Fairfield</u>	(19) OCCUPATION <u>Domestic</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(20) Number of children of this mother now living, including present birth <u>9</u>	
(12) BIRTHPLACE <u>Fairfield</u>			
(13) OCCUPATION <u>Laborer</u>			
(20) Number of children born to mother, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born at 5:20 P.M. on the date above stated.
(23) (Signature) [Signature]
(24) State whether Physician or Midwife M.D. (25) Assesses [Signature] Physician or Midwife

Given name added from a supplemental report 191
(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/20/1922 (28) Local Registrar [Signature]

*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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SLIGHTLY REPRODUCED FOR BIRMINGHAM
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.