

(1) PLACE OF BIRTH

County of

Richland

Township of

Booker Washington Heights

or

Inc. Town of

Columbia

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

91522

Registered No. 1593

(For use of Local Registrar)

Registration District No. 38a

St.: Ward)

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

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

December 10 1916

FATHER.

(8) FULL NAME

John Castor

(9) PRESENT POSTOFFICE OF FATHER

Booker Washington Heights Columbia SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

39 yrs

(12) BIRTHPLACE

Castover S.C.

(13) OCCUPATION

Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Storko

(15) PRESENT POSTOFFICE OF MOTHER

Booker Washington Heights Columbia SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Ridgeway S.C.

(19) OCCUPATION

Housewife

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

seven

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

seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born, at (Hour A. M. or P. M.)

(23) (Signature)

E.A. Huggins M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

1029 Washington St. Columbia

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/27 1916

(28)

Local Registrar

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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