

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH

County of Richland
Township of
or
Inc. Town of
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
19956

Registration District No. 38 Registered No. 1443
(For use of Local Registrar)

(2) Full Name of Child

Catherine Martin child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-12-22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Martin
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Columbia S.C.
(13) OCCUPATION Hotel
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Catherine Green
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Columbia S.C.
(19) OCCUPATION none
(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 at 7:30 A.M. on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Lucinda F. Lloyd
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1326 Pleasant St.

Given name added from a supplemental report
(26) Witness J. H. ... (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 6-16 19 22 (28) J. H. ... 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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