

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
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

16471

Registration District No. 38th Registered No. 1394

(For use of Local Registrar)

(No. Columbia St.: Ward)(2) Full Name of Child Rohi Kalitski { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 / 1 / 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos Kalitski(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE D.B.(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Blumig(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE C.Y.(19) OCCUPATION —

(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 alive at 5 / 1 / 1922 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Duff

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

Richland Columbia S.C.

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 6-10-22 191 (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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