(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
5022

Registration District No. 38a Registered No. 102
(For use of Local Registrar)

(No. 2400 Block Main St.; ..... Ward)

(2) Full Name of Child Hellen Bookman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 22, 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Bookman

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Richland County

(13) OCCUPATION Laborer

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

MOTHER

(14) NAME BEFORE MARRIAGE Gussie Entymuyer

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE ~~Domestic~~ Richland

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patsie E. Rosebourough

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Edgewood Otter Road

(Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Feb 27 1923

(28) C. J. Sloan
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.

WRITE PLAINLY, WITH INDELIBLE 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.