

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....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. 501 for State Registrar OnlyRegistration District No. 38 Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Catherine Schumann Kymmer If 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) Age Parents Married? yes (7) DATE OF BIRTH Feb. 13 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME L. Schumann(9) PRESENT POSTOFFICE OF FATHER Id.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Id.(13) OCCUPATION Id.(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Louise L. Schumann(15) PRESENT POSTOFFICE OF MOTHER Id.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Virginia(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Id. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Schumann

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

(Given name added from a supplemental report)

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

(27) Filed 2/23 1923 (28) A. J. Sloan 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.