

(1) PLACE OF BIRTH
County of Richland
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19877

or
Inc. Town of Registration District No. 784 Registered No. 96
or
City of Edgewood (No. Columbia R 703 Box 120 Ward) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Belle MacKenzie If child is not yet named, make supplemental report as directed

3. SEX OR
GIRL? A

(4) Twin
or Triplet? 1

(5) Number in
order of birth 1
To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? Yes

(7) DATE OF Feb 11 1922
BIRTH (Name of Month) (Day) (Year)

FATHER.

3. FULL NAME Lion Renault

4. PRESENT POST OFFICE OF FATHER Columbia R 703
Edgewood

5. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)

6. BIRTHPLACE DC

7. OCCUPATION mechanic

8. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marianne McNeal

(15) PRESENT POST OFFICE OF MOTHER Columbia R 703
Edgewood

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE DC

(19) OCCUPATION House

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 11 50 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. J. Greening

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

26. If child added from a supplemental report

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

(27) Filed 6-25-22 1922 (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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the month of pregnancy