

## (1) PLACE OF BIRTH

County of Richland

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 HealthFile No. For State Registrar Only  
16440Registration District No. .... Registered No. ....  
(For use of Local Registrar)(No. 726 Whaley St.; 5 Ward)(2) Full Name of Child Unnamed Mims { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam W. Mims(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE U.S.A. - S.C.(13) OCCUPATION Deputy Mill Supt.(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lura Ryal(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE U.S.A. - S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive 7:45 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. S. Phillips

(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 19 (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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