

(1) PLACE OF BIRTH

County of Richland
Township of Columbia
or
Inc. Town of

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

File No.—For State Registrar Only
31912

Registration District No. 388 Registered No. 1700
(For use of Local Registrar)
City of (No. Pidge wood St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vannie Hinard [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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1922
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.
(8) FULL NAME James Hinard
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Greenville County
(13) OCCUPATION Labor
(20) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Colman
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Richland County
(19) OCCUPATION house keeping
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12.22 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Murphy
(24) State whether Physician or Midwife midwife (25) Address of Physic or Midwife Pidge wood

Given name added from a supplemental report

Registrar

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

(27) Filed 9/19 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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Form No. 1
McGAW OF COLUMBIA, COLUMBIA, S. C.

THIS IS A PERMANENT RECORD. 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.