

## (1) PLACE OF BIRTH

County of RichlandTownship of ColumbiaCity of ColumbiaInc. Town of ColumbiaCity 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

5131

Registration District No. 3804Registered No. 10

(For use of Local Registrar)

2) Full Name of Child Eddie Gripper

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 24 23  
(Name & Month) (Day) (Year)

FATHER

(8) FULL NAME

Edie Gripper

(9) PRESENT POSTOFFICE OF FATHER

Columbia(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 10  
(Years)

(12) BIRTHPLACE

Kan Shaw C.

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE

MOTHER

Elin Pearson

(15) PRESENT POSTOFFICE OF MOTHER

Columbia(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 10  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Keep house(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Columbia on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(22) (Signature) E. A. Bell and wife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

MidwifeCol Rte 3

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Mar 1 1923L. R. Taylor

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.