

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN THE 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, RECORD OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Year

1

To be answered only in event of Twin or Triplets

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE

BIRTH

June 2

(Name of Month)

(Day)

(Year)

1922

## FATHER.

(5) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Mt Pleasant SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) File

June 2

1922

(28) Charles H. Linn

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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14014

Registered No. 22

(For use of Local Registrar)

St. Ward)