

NOTE—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.

RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Richland  
Township of .....  
or  
Inc. Town of .....  
or  
City of Columbia, S.C. (No. 1235 Harbison St.; ..... Ward)  
(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  
**31944**

Registration District No. 38a Registered No. 1728  
(For use of Local Registrar)

(2) Full Name of Child Marjorie Pearl Gaut (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 9-23-22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Marjorie H. Gaut  
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Aiken Co. S.C.  
(13) OCCUPATION Machanic  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Daisy M. Clarendon  
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Aiken Co. S.C.  
(19) OCCUPATION House W.  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was Marjorie at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 9/28/22  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 19-4 19 22 (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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