

(1) PLACE OF BIRTH

County of *Richland Co*

Township of

OR
Inc. Town ofCity 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

18875

Registration District No. *38a* Registered No. *440*

(For use of Local Registrar)

(2) Full Name of Child *Carton Licker*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married <i>No</i>	(7) DATE OF BIRTH <i>June 2, 1923</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Charles Licker*(9) PRESENT POSTOFFICE OF FATHER *1417 1/2 Holly St*(10) COLOR OR RACE *bl* (11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *Charleston S.C.*(13) OCCUPATION *carpenter*(14) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Wagelard*(15) PRESENT POSTOFFICE OF MOTHER *1417 1/2 Holly St*(16) COLOR OR RACE *bl* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *Holly Lick S.C.*(19) OCCUPATION *cook in S.C.*(20) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *7:15 P.M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) *Wagelard* (23) State whether Physician or Midwife *Midwife* (24) Address of Physician or Midwife *1417 1/2 Holly St*

Given name added from a supplemental report

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

(26) Signed *June 15, 1923* (27) *Wagelard* 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.

U. S. — 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 2.

Form for Columbia, Columbia, S. C.