

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—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.

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City 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

To Be—For State Registrar Only

36196

Registration District No. 38a Registered No. 1870

(For use of Local Registrar)

(2) Full Name of Child

Dyane

(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 — (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 22, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wm. H. Dyane(9) PRESENT POSTOFFICE OF FATHER 117 Lincoln St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Eva Sarger(15) PRESENT POSTOFFICE OF MOTHER 117 Lincoln(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE La(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 a. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Esch LaBorde M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

(27) Filed 10-31-1922 (28) Esch LaBorde 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.

*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.