

MADE BY COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spitby
 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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20099

Registration District No. 40-A Registered No. 291
 (For use of Local Registrar)
 (No. 185 Union St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH..... <u>6</u> <u>22</u> <u>21</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Roy Wingo</u>			(14) NAME BEFORE MARRIAGE <u>Lucile Lipscomb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY..... <u>24</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY..... <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Dom.</u>		
20) Number of children born to mother, including present birth { <u>2</u>		21) Number of children of this mother new living, including present birth { <u>2</u>		

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. W. Leonard

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplement-
 tal report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed 7-1-18 22 (28) Jan. C. Jones
 Registrar 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.