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Registration Dist. No. 38 A

STANDARD CERTIFICATE OF LIVE BIRTH

Division of Vital Statistics - State Board of Health

Federal Security Agency  
Public Health Service

Registrar's No. \_\_\_\_\_

State of South Carolina

Birth No. 139-

00-117055

1. PLACE OF BIRTH

a. County Richland

b. City (If outside corporate limits, write RURAL)  
or town Columbia

c. Full name of (If not in hospital or institution, give street address or location)  
hospital or institution

2. Usual Residence of Mother (Where does mother live?)

a. State S.C. b. County Richland

c. City (If outside corporate limits, write RURAL)  
or town Columbia

d. Street (If rural, give location)  
address

3. Child's name

a. (First) Annie b. (Middle) Whelan c. (Last) Pape

4. Sex Female

5a. This birth Single  Twin  Triplet

5b. If twin or triplet (This child born) 1st  2nd  3rd

6. Date (Month) (Day) (Year) of birth 12-19-1922

FATHER OF CHILD

7. Full name

a. (First) Charlie b. (Middle) Burrell c. (Last) Pape

8. Color or race W

9. Age (At time of this birth) 47 Years

10. Birthplace (State or foreign country) Columbia S.C.

11a. Usual occupation city employee

11b. Kind of business or industry

MOTHER OF CHILD

12. Full maiden name

a. (First) Elsabeth b. (Middle) Jane c. (Last) Barrett

13. Color or race W

14. Age (At time of this birth) 35 Years

15. Birthplace (State or foreign country) Columbia

16. Children previously born to this mother (Do NOT include this child)

(a) How many OTHER children are now living? 10

(b) How many OTHER children were born alive but are now dead? none

(c) How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.

18. I hereby certify that this child was born alive on the date stated above at

18a. Signature of attendant [Signature]

18b. Attendant at birth M.D.  Midwife  Other (Specify)

18c. Address 3215 Birnie St

18d. Date signed 8-17-51

(Signature of Mother) [Signature]

19. Date rec'd by Local Reg. 9-8-51

20. Registrar's signature Thos. P. Lesesne

21. Date on which given name added By \_\_\_\_\_ (Registrar)

FOR MEDICAL AND HEALTH USE ONLY  
(This section MUST be filled out)

22a. Length of pregnancy Weeks

22b. Weight at birth lb. oz.

23. Is mother married to father of child? Yes  No

24. Mother's blood tested for syphilis? Yes  No  Date \_\_\_\_\_ Laboratory

25a. State any complications of pregnancy and labor none

25b. State any operation for delivery none

25c. Describe any birth injury none

25d. Describe any congenital malformations

25e. What prophylactic used in eyes? \_\_\_\_\_

25f. Time used \_\_\_\_\_ M.

Appeared before me this 17th day of August, 1951 at Columbia, S. C. [Signature] My commission expires at the pleasure of the Gov.

Form No. VS-2

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

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