

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

Registration Dist. No. 38 A STANDARD CERTIFICATE OF LIVE BIRTH
 Division of Vital Statistics — State Board of Health
 State of South Carolina Birth No. 139—00-117055

Registrar's No. _____ Federal Security Agency
 Public Health Service

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH | | 2. Usual Residence of Mother (Where does mother live?) | |
| a. County <u>Richland</u> | b. City (If outside corporate limits, write RURAL) <u>Columbia</u> | a. State <u>S.C.</u> | b. County <u>Richland</u> |
| c. Full name of (If not in hospital or institution, give street address or location) | | d. Street (If rural, give location) address | |
| 3. Child's name (Type or Print) | | c. (Last) | |
| a. (First) | b. (Middle) | c. (Last) | |
| 4. Sex <u>Female</u> | | 5a. This birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | |
| 5b. If twin or triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | | 6. Date (Month) (Day) (Year) of birth <u>12-19-1922</u> | |
| FATHER OF CHILD | | | |
| 7. Full name a. (First) <u>Charlie</u> b. (Middle) <u>Burrell</u> c. (Last) <u>Pape</u> | | 8. Color or race <u>W</u> | |
| 9. Age (At time of this birth) <u>47</u> Years | 10. Birthplace (State or foreign country) <u>Columbia S.C.</u> | 11a. Usual occupation <u>City Employee</u> | 11b. Kind of business or industry |
| MOTHER OF CHILD | | | |
| 12. Full maiden name a. (First) <u>Elsabeth</u> b. (Middle) <u>Jane</u> c. (Last) <u>Barre</u> | | 13. Color or race <u>W</u> | |
| 14. Age (At time of this birth) <u>35</u> Years | 15. Birthplace (State or foreign country) <u>Columbia</u> | 16. Children previously born to this mother (Do NOT include this child) | |
| (a) How many OTHER children are now living? <u>10</u> | | (b) How many OTHER children were born alive but are now dead? <u>none</u> | |
| (c) How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u> | | | |
| 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 M. | |
| 19. Date rec'd by Local Reg. <u>9-8-51</u> | | 20. Registrar's signature <u>Thos. P. Lesesne</u> | |
| 21. Date on which given name added By _____ (Registrar) | | 22. Date signed <u>8-17-51</u> | |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | 24. Mother's blood tested for syphilis? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Laboratory |
| 25a. State any complications of pregnancy and labor <u>none</u> | 25b. State any operation for delivery <u>none</u> | 25c. Describe any birth injury <u>none</u> | |
| 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. William Johnson My commission expires at the pleasure of the Gov.

Form No. VS-2