

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—GIVE IN A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 100 Registered No. 25  
(For use of Local Registrar)

File No.—For State Registrar Only  
3536

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)

(2) Full Name of Child Imogene

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in case of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH July 12, 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Imogene I. H. H. H.  
(9) PRESENT POSTOFFICE OF FATHER Highway 2  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 10 (Years)  
(12) BIRTHPLACE Ja  
(13) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Willie Richardson  
(15) PRESENT POSTOFFICE OF MOTHER Highway 2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Ja  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at H. A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. L. A. H. H. H.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 10, 1922 at N. J. Smith  
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.