

(1) PLACE OF BIRTH

County of Richland.....

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

91476

Registration District No. 38-e

Registered No. 378

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child William Rexie Birt.....

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, '16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Rexie Birt

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Printer

(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Pearl Joyner

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE

Orangeburg,

(19) OCCUPATION

House-wife.

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) I.40 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature]

(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 [Signature] 1916 (28) [Signature] 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.