

## (1) PLACE OF BIRTH

County of Richland  
 Township of Richland  
 Inc. Town of .....  
 City of Columbia

Registration District No. ....

Registered No. ....  
(For use of local health officer)(No. 428 Davies)

## (2) Full Name of Child

(1) SEX OF CHILD

Girl

(2) Type of Birth

One

(3) Number in order of birth

Three

(4) Are Parents Married

Yes

(5) DATE OF BIRTH

March 171923

(Name of Month) (Day) (Year)

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

## FATHER.

(6) FULL NAME

C. B. Brown

(7) PRESENT RESIDENCE OF FATHER

Columbia S.C.

(8) COLOR OR RACE

White

(9) AGE AT LAST BIRTHDAY

37

(Years)

(10) BIRTHPLACE

S.C.

(11) OCCUPATION

Teacher

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

4

## MOTHER.

(13) NAME BEFORE MARRIAGE

Annie Lyda

(14) PRESENT RESIDENCE OF MOTHER

Columbia S.C.

(15) COLOR OR RACE

White

(16) AGE AT LAST BIRTHDAY

39

(Years)

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

Homemaker

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 11:27 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

19

(26)

Local Registrar.

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.

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