

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia S.C.
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. for this Register Year
18937

Registration District No. 38B

Registered No. 147
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph J. J. J.

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

(3) SEX OR B (4) Type T (5) Number in 1 (6) Age yer (7) DATE OF June 15, 1923
 BIRTH (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Cleber J. J.
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
 (10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE Richland
 (13) OCCUPATION Public work
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Chilson
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
 (16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Richland
 (19) OCCUPATION housework
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Marie J. J.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife, Columbia S.C. 16

Given name added from a supplemental report

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

(26) Filed June 21, 1923 (27) C. J. J. 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.

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