

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Richland

Township of Richland

Inc. Town of Richland

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

19940

Registration District No. 393

Registered No. 125

(For use of Local Registrar)

St.; 104 Ward)

2) Full Name of Child Melvin Charles Cornelius

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? 1

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. E. Cornelius

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Stoge

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Cornelius

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 1533 Arsenal St.

Given name added from a supplemental report

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

(27) Filed 6-27-22 (28) W. E. Cornelius Local Registrar

*When there was an 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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