

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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
or
Inc. Town of
or
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87133

Registration District No. 38a Registered No. 1494

(For use of Local Registrar)

(2) Full Name of Child

Robert James (No. 114 Gate St.; Ward)

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

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

(3) BOY OR GIRL? h d (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 10/10/16
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alter Cloud Bourder
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION machinist

MOTHER.
(14) NAME BEFORE MARRIAGE Thelma Jones
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE North Carolina
(19) OCCUPATION

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12 P. M.,
on the date above stated. (Born ~~alive~~ stillborn) (Hour ~~A. M.~~ or P. M.)

(23) (Signature) Lucinda Boyd
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness A. J. Fugate
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/24/16 (28) Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.