

No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43502

Registration District No. 3100 Registered No. 154  
(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 Gladis A. M. Ross If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6 19 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Krell  
(9) PRESENT POSTOFFICE OF FATHER New Brookland S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Year)  
(12) BIRTHPLACE New Berry  
(13) OCCUPATION Merchandise  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. Mick  
(15) PRESENT POSTOFFICE OF MOTHER New Brookland S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Year)  
(18) BIRTHPLACE Lexington C.  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Huger  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Brookland

Given name added from a supplemental report

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

(27) Filed 12/16 19 22 (28) J. C. Lybrand 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.