

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

or

City of

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

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36230

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct. 18, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lerman E. Price

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Welder Government Training

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

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Nellie May Briggs

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Columbia

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 27 is signed by mark)

(27) Filed

11-12-1922

(28)

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.

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DO NOT WRITE IN THESE SPACES RESERVED FOR INDEXING.

WHILE PLAINLY, WITH UNCHANGING 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.

McCaw, of Columbia.