

(1) PLACE OF BIRTH

County of Richland

Township of

OF

Inc. Town of Columbia, S.C.

OF

City of

(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

5013

Registration District No. 38^a Registered No.

(For use of local health officer)

(No. 1316 / Harden St. St.; Ward)(2) Full Name of Child Ada Mae Winfield

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents married?

yes

(7) DATE OF BIRTH

Feb. 16, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Winfield

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Columbia, S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Hickson

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Columbia, S.C.

(19) OCCUPATION

House-keeper

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

5

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:01 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Phaner Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

310 Moore Ave.

(Given name added from a supplemental report)

(26) Witness

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

(27) Date

(28) Signature of Registrar

*When there was no attending physician or midwife, that the father, householder, etc., should make this return. If a child breathes even once, it is to be reported as a birth. No report is desired of stillbirths or fetal death or pregnancy.