

Form No. 1

(1) PLACE OF BIRTH

County of Richland.....

Township of

or
Inc. Town ofor
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

91470

Registration District No. 382 Registered No. 364

(For use of Local Registrar)

(No. 1831 Main St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL? Girl

(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 December 7, 1916

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME FATHER. Chickery Sabbagha

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Syria/

(13) OCCUPATION Restaurant.

(14) Number of children born to mother, including present birth Three (3)

(14) NAME BEFORE MARRIAGE Effie Joseph

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Syria.

(19) OCCUPATION House-wife.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thomas D. Brown Jr. M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 9, 1916. (28) William A. Brown 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.