

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

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
31958Registration District No. 35 Registered No. 1754

(For use of Local Registrar)

Sl. Ward)

2) Full Name of Child Warren Gage If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 1922 (Name of Month) (Day) (Year)FATHER
(8) FULL NAME Louis K. Gage(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Logan, Ohio(13) OCCUPATION A. C. E. Engineer(14) Number of children born to mother, including present birth 10MOTHER
(14) NAME BEFORE MARRIAGE Kellie Blatzen(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Logan, Ohio(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 A. M. on the date above stated. (Hour M. or P. M.)(23) (Signature) B. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Columbia

Given name added from a supplemental report

B. H. H. H. 191...

Registrar

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

(27) Filed 1922 6... 191... (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.