

## (1) PLACE OF BIRTH

County of ColumbiaTownship of Wardlawor  
Ins. Town 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

No. 38511Registration District No. 1489 Registered No. 133

(For use of Local Registrar)

(2) Full Name of Child Estelle Price If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? None (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 30, 1913 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lyden Price(9) PRESENT POSTOFFICE OF FATHER Wadsworth, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Parasol making(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Cole

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(26) Filed Dec 9, 1913 W. J. Johnston 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.