

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. II.—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.

RECEIVED OF COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OF

Inc. Town .....

OR

City of Columbia, S.C.

(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

36132

Registration District No. 35ARegistered No. 1765

(For use of Local Registrar)

## (2) Full Name of Child

Mary Anne Branch

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 161922

(Month of Month) (Day) (Year)

(8) FULL NAME

John McDonald Branch

(14) NAME OF MOTHER

Mary Anne Carmichael

(9) PRESENT POSTOFFICE OF FATHER

City

(15) PRESENT POSTOFFICE OF MOTHER

City

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

24

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Gen'l

(19) OCCUPATION

House wife

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

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .....

born alive or stillbornat 5:15 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

D. J. Macneil

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness, necessary only when question 23 is marked)

Edw. J. Rogers

(27) Filed

10-1-22

(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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