

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
36132

(1) PLACE OF BIRTH
 County of Richland
 Township of
 OF
 Inc. Town
 OR
 City of Columbia, S.C. (No. Boyle's Hospital; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 35A Registered 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 <u>Girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>July 16 1922</u> (Month of Birth) (Day) (Year)
(8) FATHER'S FULL NAME <u>Walter McDowell Branch</u>		(9) MOTHER'S FULL NAME <u>Mary Anne Carmichael</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>City</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>City</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Clerk</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:15 P.M. on the date above stated. (Hour A. M. or P. M.)
 (born alive or stillborn)

(23) (Signature) D. J. Maclean

(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 answered "no")
Edith 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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