

NOTE: FATHERS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 2.—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.

McGraw, of Columbia.

(1) PLACE OF BIRTH Richland **CERTIFICATE OF BIRTH**
 County of Richland STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Registration District No. 38 Registered No. 1511
 or (For use of Local Registrar)
 City of Columbia (No. 114 Marion St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child E. B. Hobgood { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23rd 1922</u> (Month) (Day) (Year)
To be answered only in case of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>Lewis B. Hobgood</u>			(14) NAME BEFORE MARRIAGE <u>Berta Butler</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Ala-</u>			(18) BIRTHPLACE <u>Ga-</u>	
(13) OCCUPATION <u>Machinist</u>			(19) OCCUPATION <u>House-wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 830 a. M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) B. S. [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed 7/21 1922 (28) [Signature] 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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