

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH

County of Pickland

Township of

or Inc. Town of

or 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

36232

Registration District No. 389

Registered No. 1845

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 20, 22

(To be answered only in case of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Douglas Knowl

(14) NAME BEFORE MARRIAGE Janita Kelley

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 5K (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 16 (Years)

(12) BIRTHPLACE SK

(18) BIRTHPLACE Columbia

(13) OCCUPATION SK

(19) OCCUPATION Shoemaker - Cotton Hill

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Physician

(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 11-1-22

(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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