

(1) PLACE OF BIRTH

County of T. Trieland

Township of

or Inc. Town of Columbia

or 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

File No. -- For State Registrar Only

2340Registration District No. 380 Registered No. 1081

(For use of Local Registrar)

(No. East Broadway (Ward)(2) Full Name of Child un named

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

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 26 1932</u>
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FATHER.

8. FULL NAME Theodore Hall9. PRESENT POSTOFFICE OF FATHER Edge wold T.P.O.10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY (Years) 2212. BIRTHPLACE Columbia, S.C.13. OCCUPATION Laborer20. Number of children born to mother, including present birth one

MOTHER.

14. NAME BEFORE MARRIAGE Floresie Taggart15. PRESENT POSTOFFICE OF MOTHER Edge wold16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY (Years) 2018. BIRTHPLACE Columbia, S.C.19. OCCUPATION House keeper21. Number of children of this mother now living, including present birth not any

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Chas. E. Carr(24) State whether Physician or Midwife (25) Address of Physician or Midwife 31 E. Monroe Ave.

Given name added? from a supplemental report

(26) Witness

(Signature of Witness when question 23 is answered)

(27) Filed 1-29 1932

(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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