

REGISTRY OF COLUMBIA, COLUMBIA, S. C.  
TWIN 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 Richland

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.)

(2) Full Name of Child Dean H. B. B. B.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5490

Registration District No. 28 Registered No. 1163

(For use of Local Registrar)

(No. 28 St. Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dean H. B. B.

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE Columbia

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth A. B.

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Year)

(18) BIRTHPLACE Columbia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dean H. B. B.

(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 signed by mark)

(27) Filed 3-11 1922 Col. B. B. B.

19 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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