

FILE IN PLAIN ENVELOPE WITH MADE CHILD, AND MARK THE FIRST BORN, No. 1. THEIR OTHERS, No. 2, etc. In question 8, write name of Columbia, S. C.

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

2326

Registration District No. 380

Registered No. 1057

(For use of Local Registrar)

(No. 1819 Dickens St.;

Ward)

(2) Full Name of Child Mellie Hulth

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

(3) BOY OR GIRL Yes (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Any Parents Married? Yes (7) DATE OF BIRTH Jan 01 12
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Peter A. Hulth

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Christiansburg, W. Va.

(13) OCCUPATION Merchant Tailor

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

MOTHER

(14) NAME BEFORE MARRIAGE Mellie B. Lilly

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE W. Va.

(19) OCCUPATION Housekeeper

(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 10:20 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)

(23) (Signature) D. K. [Signature]

(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 27 19 22 Columbia 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.

Before the fifth month of pregnancy.