

(1) PLACE OF BIRTH
County of Richland
Township of Columbia

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
47211

Inc. Town of Columbia Registration District No. 38A Registered No. 1005
City of Columbia (No. 2419 Main 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. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 8 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.
(8) FULL NAME Julius Clarence Orher (14) NAME BEFORE MARRIAGE William Viola Lovick

(9) PRESENT POSTOFFICE OF FATHER 2419 Main St. Columbia S.C. (15) PRESENT POSTOFFICE OF MOTHER 2419 Main St. Columbia S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years) (Years)

(12) BIRTHPLACE Sumo S.C. (18) BIRTHPLACE Sumo S.C.

(13) OCCUPATION Merchant (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. M. [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 1501 Lady St.

Given name added from a supplemental report

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

(27) Filed 1-9-1916 (28) Edell C. [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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WHILE 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.