

(1) PLACE OF BIRTH  
 County of Richland  
 Township of ✓  
 or  
 Inc. Town of Columbia  
 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  
**47211**

Registration District No. 38A Registered No. 1005  
 (For use of Local Registrar)  
 (No. 2419 Main St. St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child .....

(3) BOY OR GIRL? Girl (4) Twin or Triplet?  (5) Number in order of birth  (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 8 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Julius Clarence Orher  
 (9) PRESENT POSTOFFICE OF FATHER 2419 Main St. Columbia S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Sumo S.C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Esther Viola Lovick  
 (15) PRESENT POSTOFFICE OF MOTHER 2419 Main St. Columbia S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Sumo S.C.  
 (19) OCCUPATION Housewife  
 (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 Alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) James A. M. [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1501 Lady St.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1-9-16 (28) [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.

MARGIN RESERVED FOR BINDING.  
 WRITE 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.  
 McCaw, of Columbia.

WR N. McCaw.  
 \*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.