

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

By Adoption

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a

FILE No.—For State Registrar Only

2341-a

1. PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

or \_\_\_\_\_

In Town of \_\_\_\_\_

City of Columbia

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of street and number)

2. FULL NAME OF CHILD Edna Virginia Erikaen

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

3. ☐ Single Girl ☐ If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature ☐ Full term ☒ 7. Are Parents Married? Yes 8. Date of birth Jan 22 1922 (Month, day, year)

1. FATHER  
Harry Walter Erikaen

2. Residence (mailing address) 4 Cherryapen St  
(If non-resident, give place and State) Char S.C.

3. Color or race W 4. Age at child's birth 29 (years)

5. Birthplace (city or place) Boston Mass  
(State or country)

6. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Building Engineer

7. Industry or business in which work done, as silk mill, sawmill, bank, etc. Building

8. Date (month and year last) engaged in this work \_\_\_\_\_ 9. Total time (years) spent in this work \_\_\_\_\_

10. Number of children of this mother (At time of birth and including this child) \_\_\_\_\_

11. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_

12. Cause of stillbirth \_\_\_\_\_

1. MOTHER  
Daisy Edna Stoffelkin

2. Residence (mailing address) 4 Cherryapen St  
(If non-resident, give place and State) Char S.C.

3. Color or race W 4. Age at child's birth 25 (years)

5. Birthplace (city or place) Charleston S.C.  
(State or country)

6. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

7. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

8. Date (month and year last) engaged in this work \_\_\_\_\_ 9. Total time (years) spent in this work \_\_\_\_\_

10. Number of children of this mother (At time of birth and including this child) \_\_\_\_\_

11. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_

12. Cause of stillbirth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date.

On Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Name of Prophylactic)

(When there was no attending physician) or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) H. W. Erikaen Father.

or Daisy Edna Erikaen Mother.

Address \_\_\_\_\_

Filed 11-7 1924 Mr. B. Woodward Registrar.

Registrar.