

(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

2352

Registration District No.

38a

Registered No.

1029

(For use of Local Registrar)

(No.)

S.C. Baptist Hosp.

(St.)

Ward)

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth:

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 20, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Woy, Nicholas Delzeth

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Casselle, Ohio

(13) OCCUPATION

Service Mgr. Deles. Lt. Wk.

MOTHER.

(14) NAME BEFORE MARRIAGE

Nelle Justine Demoyen

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Jackson, Mich.

(19) OCCUPATION

Housewife

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

1

(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 4:15 P.M. on the date above stated. (Born or born stillborn) (Hour & M. or P.M.)

(23) (Signature)

Lindsay T. T. T.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report:

(26) Witness

(Signature of witness necessary only when question is signed by mother)

(27) Filed

1-21

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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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Supplemental report

(Date of)

Address

Mother

Filed

1-8-1941

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Registrar

Martin B. Woodward, M.D.