

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town ofor
City of*Columbia S.C.* (No. *S.C. Baptist Hospital* St. *7* Ward *1*)
(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

36188

Registration District No. *38a*Registered No. *1802*

(For use of Local Registrar)

(2) Full Name of Child *Lillian Addy Lichez*

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

(3) ~~Is~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth *1*

To be entered only in case of Twin or Triplet

(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *Oct. 1 22*
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL
NAME*Mose Lichez*(14) NAME BEFORE
MARRIAGE*Hattie Stein*(9) PRESENT
POSTOFFICE
OF FATHER*1003 Assembly St.*(15) PRESENT
POSTOFFICE
OF MOTHER*1003 Assembly St.*(10) COLOR
OR
RACE*white*(11) AGE AT LAST
BIRTHDAY*32*
(Years)(16) COLOR
OR
RACE*white*(17) AGE AT LAST
BIRTHDAY*26*
(Years)

(12) BIRTHPLACE

Russia

(18) BIRTHPLACE

Russia

(13) OCCUPATION

merchant

(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*
on the date above stated. (Born alive or stillborn)*3:30 A.M.*
(Hour A. M. or P. M.)

(23) (Signature)

Clarence E. Owens

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*1305 Daniel*Given name added from a supplement-
ed report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *10-31-1912*(28) *Clarence E. Owens**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.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.

REMARKS: WITH UNFADING INK—THIS IS A PERMANENT RECORD.

No. 31—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.

McGraw of Columbia.