(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2314

Registration District No. 38 Registered No. 1072
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 307 Wheley St. St.; ..... Ward)

(2) Full Name of Child Margret Inez Arledge (If child is not yet named, make supplemental report as directed)

| (3) BOY OR 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? | (7) DATE OF BIRTH |
|---|---|---|---|---|
| Girl | | | Yes | Jan 18, 192 (Name of Month) (Day) (Year) |

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Dennis D Arledge | (14) NAME BEFORE MARRIAGE | Lula Izabelle Fortman |
| (9) PRESENT POSTOFFICE OF FATHER | Columbia S. C | (15) PRESENT POSTOFFICE OF MOTHER | Columbia S C |
| (10) COLOR OR RACE | white | (11) AGE AT LAST BIRTHDAY 31 (Years) | (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years) |
| (12) BIRTHPLACE | Fairfield Co. | (18) BIRTHPLACE | Camden S.C. |
| (13) OCCUPATION | Mill operator | (19) OCCUPATION | house wife. |
| (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 alive (Born alive or stillborn) at 10:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lyon Rice MD

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark.)

(27) Filed 2-8 1947 Dell Gregor M.D. 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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PINK—BORN, No. 1, THE OTHER, No. 2, etc., in question 13. NOW CHILD, and make the

MECHA OF COLUMBIA, COLUMBIA, S. C.