

11/20/40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

## 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)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

Registered No. ....

(For use of Local Registrar)

FILE No.—For State Registrar Only

1874

Ward) .....

## 2. FULL NAME OF CHILD

Myrtle Leona Tanner

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

3. Boy or Girl  
GirlIf Plural  
births: .....

4. Twins, triplets or other .....

6. Premature .....

7. Are Parents

8. Date of birth

November 11922

(Month, day, year)

Married? YesFull term. X

5. Number, in order of birth .....

9. Full name

FATHER  
ROBERT TANNER

18. Name before marriage

MOTHER  
BEULAH LEE

10. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.11. Color or race W12. Age at child's birth 35 (years)20. Color or race W21. Age at child's birth 22 (years)

13. Birthplace (city or place)

Marion, S.C.

(State or country)

22. Birthplace (city or place)

Richland County, S.C.

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

textile worker

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

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

OCCUPATION

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

housewife

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

25. Date (month and year last) engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of birth and including this child) (a) Born alive and now living 0(b) Born alive but now dead 0(c) Stillborn 0

28. If stillborn,

period of gestation .....

months  
weeks

29. Cause of stillbirth .....

Before labor .....

During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 5:30 A. m. on the date above stated.  
(Born alive or stillborn)

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

(Signed) Beulah Lee Tanner Parent

or ....., Guardian

Given name added from

a supplementary report .....

(Date of)

Address Route # 3, Columbia, S.C.Filed Jan. 13, 19 41 M.B. Woodward, M.D.  
Registrar.

Registrar.