

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Incl. Town ofor
City of

Columbia, S.C. Liberty Hill

(2) Full Name of Child

Sam Peterson, Jr.

File No.—For State Registrar Only

19993

Registered No.

1494

(For use of Local Registrar)

St.; Ward)

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

(3) SEX OF CHILD? boy (4) Twin or triplet? 3rd (5) Number in order of birth 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH June 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Sam Petersen(2) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(3) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Harris(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Columbia, S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 10 P. M. on the date above stated.(23) (Signature) Susan K. Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7920 Harden St.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness Annie Brown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filled 6-30-22 191... (28) [Signature] 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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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.