

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 H. B.—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 1.

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. — For State Registrar Use	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		37438X	
Township of		Bureau of Vital Statistics			
City of <u>Columbia</u>		State Board of Health			
Inc. Town of		Registration District No. <u>38</u>		Registered No. <u>37438X</u>	
City of <u>Columbia</u>		(No. <u>3805</u> <u>Blanton</u> St.)		(For use of Local Registrar)	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Thomas Jay Corington</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Y</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Age of child at birth <u>Yr</u>	(7) DATE OF BIRTH <u>Nov 29</u>	(8) <u>1923</u>
To be answered only in case of Twin or Triplet					
FATHER.			MOTHER.		
(9) FULL NAME <u>W. C. Corington</u>			(14) NAME BEFORE MARRIAGE <u>Connel Landy</u>		
(10) PRESENT POST-OFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POST-OFFICE OF MOTHER <u>Columbia, S.C.</u>		
(11) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(12) AGE AT LAST BIRTHDAY <u>33</u>			(17) AGE AT LAST BIRTHDAY <u>32</u>		
(13) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Civil Engineer</u>			(20) OCCUPATION <u>—</u>		
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) <u>5:30 P. M.</u>					
(24) (Signature) <u>Dr. J. B. Bower Jr.</u>					
(25) State whether Physician or Midwife <u>Physician</u>					
(26) Address of Physician or Midwife <u>Columbia, S.C.</u>					
Given name added from a supplemental report					
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(28) Filed <u>Dec. 12</u> 19 <u>23</u> (29) <u>W. C. Corington</u> 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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