

SEPARATE BLANK FOR EACH CHILD, and mark the
 DATE BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 COUNTY OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Richland
 or
 Inc. Town of
 or
 City of Columbia S.C.

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

File No. - For State Registrar Only
8874

Registration District No. Registered No.
 (For use of Local Registrar)
 (No. 2575 Maine St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Franklin Roan (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph A. Roan
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE Lexington Co
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 1 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Eliazer
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)
 (18) BIRTHPLACE Lexington Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. O'Neal
 (24) State whether Physician or Midwife mae (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 21 1922 (28) 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.

before the fifth month of pregnancy.