

Chw. of Columbia.

(1) PLACE OF BIRTH

County of _____

Township of

Inc. Town of

City of

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child.

File No. — For State Registrar Only

45916

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1486 .. Registered No. 2 ..

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR

(4) ~~Twice~~
as 1-1-42

(5) Number in
order of birth

(6) Are Yes
Parents

(7) DATE FIRST

GIRL <i>girl</i> or Triplet?	Grade or Birth To be answered only in event of Twins or Triplets	Married?	BIRTH (Name of Month) (Day) (Year)
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(8) FULL
NAME

FATHER.

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(ii) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(3c) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR PAGE *14*

(18) BIRTHPLACE

10 OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. A. Anderson*

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

Given name added from a supplemental report

(28) Witness

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

(27) Filed Jan 21 1916

(28) *[Signature]*
Treasurer

*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.