

1. PLACE OF BIRTH

County of Salisbury

Township of Black Creek

In Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19353

Registration District No. 3100 Registered No. 8

(For use of Local Registrar)

City of ..... (No. .... 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. .... If child is not yet named, make supplemental report as directed

BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of Twin or Triplet's			(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME		(14) NAME BEFORE MARRIAGE
PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER
COLOR OR RACE	(16) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	(18) BIRTHPLACE	
OCCUPATION	(19) OCCUPATION	
Number of children born to mother, including present birth	(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... (24) State whether Physician or Midwife (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)
191....	(27) Filed <u>May 12 1935</u> (28) <u>H. E. Gault</u> 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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