

County of Hamberg  
 Township of London Bridge  
 or  
 Inc. Town of Worcester  
 or  
 City of .....

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
3130

Registration District No. 401... Registered No. 12.....  
(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 Nazamed If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? *girl*

4) Twin or Triplet? *No*

5) Number in order of birth *1*

6) Are Parents Married? *Yes*

7) DATE OF BIRTH: *Feb 2 1972*  
(Name of Month) (Day) (Year)

**FATHER.**

(7) FULL NAME Mr J Staley

3) PRESENT POSTOFFICE OF FATHER *Clair*

(10) COLOR OR RACE *11/1/44* (11) AGE AT LAST BIRTHDAY *45* (Years)

(12) BIRTHPLACE 17 1/2 N. 10. E. 30. W.

13. OCCUPATION Student

(20) Number of children born to mother, including present birth 31

# MOTHER

(14) NAME BEFORE MARRIAGE Leta Mae Lane

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE 11417 (17) AGE AT LAST BIRTHDAY 30  
(Years)

(15) BIRTHPLACE 1000 1st St

(19) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(2) I hereby certify that I attended the birth of this child, who was... Alvin ... at... 10:00 ... M.,  
on the date above stated. (Born alive or still born) (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

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

(27) Filed Feb 20 1922 (28) J. E. Smith  
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.