

(1) PLACE OF BIRTH

County of

Township of

Inc. or

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3362

212

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(No. 16 7 Karmay)

St. (Ward)

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

(1) BOY OR

GIRL

Girl

(4) Twin

or Triplet?

(5) Number in

order of birth

Is he named only in case of twins or triplets?

(6) Are

Parents

Married?

No

(7) DATE OF

BIRTH

Feb. 21

(Name of Month) (Day) (Year)

FATHER

(3) FULL

NAME

Schward Mack

(12) PRESENT

POSTOFFICE

OF FATHER

Charleston

(10) COLOR

OR

RACE

C

(11) AGE AT LAST

BIRTHDAY

20

(Years)

(13) BIRTHPLACE

Charleston

(14) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE

MARRIAGE

Pora Gibson

(15) PRESENT

POSTOFFICE

OF MOTHER

Charleston

(16) COLOR

OR

RACE

C

(17) AGE AT LAST

BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Hopkins, S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother

now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. 1101 1/2 St. N. E.

Given name added from a supplement

report

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by mark)

(27) Filed

1/22/22

(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.

fifth month of pregnancy.

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