

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14354

Registration District No. 1301

Registered No. 18
(For use of Local Registrar)(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 Samy Way If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

-

(5) Number in order of birth

-

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 15 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin Way

(9) PRESENT POSTOFFICE OF FATHER

Patience SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Dagney Way

(15) PRESENT POSTOFFICE OF MOTHER

Patience SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

3

(21) 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 Benjamin at 6 AM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) (Signature of Physician or Midwife)

Patience SC

Given name added from a supplemental report

(26) Witness

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

(27) Date

May 15 22

(28) Local Registrar

CH. G. G. G.

*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.