

REVIEW OF THE LITERATURE

County of Jefferson
Township of Jefferson
or
In Town of
or
City of

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

Registration District No. 122 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child: Sarah Mae

**If child is not yet named, enter
[unborn] or [unborn] instead of [name]**

(1) NAME OF SCHOOL <i>Emul</i>	(2) TYPE OF TRIP <i>Travels</i>	(3) NUMBER IN ORDER OF TRIP <i>1</i>	(4) DATE OF TRIP <i>no.</i>	(5) NAME OF CITY <i>Norfolk</i>
-----------------------------------	------------------------------------	---	--------------------------------	------------------------------------

PATIENT

(*)	NAME	Unknown
(*)	PRESENT ADDRESS OF FATHER	"
(10)	COLOR	(11) AGE AT LAST BIRTHDAY
	RACE	(12) (Years)
(13)	BIRTHPLACE	
(14)	OCCUPATION	
(15)	Number of children born to mother. Indicate names of children	1 2

NOTES

(14) NAME BEFORE MARRIAGE Sarah Major

(15) PRESENT FULL NAME Edwina Iald

(16) COLOR Negroes (17) AGE AT LAST BIRTHDAY 17

(18) BIRTHPLACE Edwina Iald, S. C.

(19) OCCUPATION At home.

(21) Number of children of this mother now living, including present wife 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) (Signature) Wanda F. B. [illegible]

(24) State whether Pharmacist or Midwife (25) Address of Pharmacist or Midwife

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
if the statement is signed by Mark)

(27) 27004 ... 122...12...22... (28) ... 22... 22...

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. The report must be made before the fifth month of pregnancy.