

(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

12248

Registration District No. 3504

Registered No. 30

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Wladyslaw Capps

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

(3) BOY OR GIRL

July

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

8/13/22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Louis Capps

(9) PRESENT POSTOFFICE OF FATHER

Dereca SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Thiominster SC

(13) OCCUPATION

Cotton Mill - Spinning Room

MOTHER

(14) NAME BEFORE MARRIAGE

Gla Rochester

(15) PRESENT POSTOFFICE OF MOTHER

Dereca SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Housewife

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

12

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3a M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature)

Lora Greenblatt

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Dereca, SC P.O.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/10/22

(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.

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