

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

3) BOY OR
GIRL4) Twin
or Triplet?5) Number in
order of birth6) Are
Parents
Married?7) DATE OF
BIRTH8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE11) AGE AT LAST
BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to
mother, including present birth21) Name before
MARRIAGE22) PRESENT
POSTOFFICE
OF MOTHER23) COLOR
OR
RACE24) AGE AT LAST
BIRTHDAY

25) BIRTHPLACE

26) OCCUPATION

27) Number of children of this mother
now living, including present birth28) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(29) (Signature)

(30) State whether

(31) Address of Physician or Midwife

Given name added from a supplement
report

(32) Witness

(33) Filed

(34) Local Registrar

(35) 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.(36) When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18848

Registered No. 700

(For use of Local Registrar)

St.; Ward;

child is not yet named, make
supplemental report as directed

MAY 31 1922

MOTHER.

Cunice Davenport

Greenville

W

Lawrence Co

Housewife

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