

(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

1875

Registration District No.

Registered No.

(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

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 22 18 75

FATHER.

(8) FULL NAME

Henry Jay

(9) PRESENT POSTOFFICE OF FATHER

Cane

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

4

MOTHER.

(15) NAME BEFORE MARRIAGE

Att Blythe

(16) PRESENT POSTOFFICE OF MOTHER

Cane

(17) COLOR OR RACE

Col

(18) AGE AT LAST BIRTHDAY

29

(19) BIRTHPLACE

SC

(20) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

born alive or stillborn (How, M. or F. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) State

Physician or Midwife

(28) Address of Physician or Midwife

*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.