

(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

20186

Registration District No. 400.2.2

Registered No. 4.6

(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

4. Twin

5. Number in

6. Are

7. DATE OF

BIRTH

FATHER.

9. FULL

10. PRESENT

11. COLOR

12. BIRTHPLACE

11. AGE AT LAST

13. OCCUPATION

20. Number of children born to

MOTHER.

14. NAME BEFORE

15. PRESENT

16. COLOR

17. BIRTHPLACE

18. OCCUPATION

21. Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(27) Filed June 10 1922 (28) J. Blockwell

*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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