

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. .... Registered No. 7

(For Use of Local Registrar)

## (2) Full Name of Child

1. BOY OR GIRL

Boy

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

Jan. 19, 1922

(Name of Month) (Day) (Year)

8. FULL NAME

R. C. Puck

FATHER

9. PRESENT POSTOFFICE OF FATHER

Jalantown S. C.

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

12. BIRTHPLACE

S. C.

13. OCCUPATION

Lumbering

14. Number of children born to mother, including present birth

13

(14) NAME BEFORE MARRIAGE

Zula Hodley

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

Jalantown S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife

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

13

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

on the date above stated.

(23) (Signature)

R. C. Puck

(Born alive or stillborn)

(Hour A. M. or P. M.)

(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 23 is signed by mark)

(27) Filed

10

(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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