

(1) PLACE OF BIRTH

County of WaynesTownship of North

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

File No.—For State Registrar Only

26559

Registration District No. 2402 Registered No. 103

(For use of Local Registrar)

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

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME

14) NAME BEFORE MARRIAGE

9) PRESENT POSTOFFICE OF FATHER

15) PRESENT POSTOFFICE OF MOTHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

(Years)

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

18) BIRTHPLACE

13) OCCUPATION

19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 8 P. (Hour A. M. or P. M.) on the date above stated.

(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 23 is signed by mark)

(27) Filed

Aug 31 1912

(28)

W. E. Ellis 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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