

THE NATIONAL ARCHIVES

County of ... *San Diego* ...  
Township of ... *Carmichael* ...  
or  
Inc. Town of.....  
or  
City of .....

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

18580

Registration District No. 200 Registered No. 700  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 ..... (If other than institution, give name of same instead of street and number.)

(2) Full Name of Child Elmer Lane ----- 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. Parents Married? | BIRTH DATE                 |
|                 |                     |                             |                     | Name of Month (Day) (Year) |

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.