

(1) PLACE OF BIRTH

County of GreenvilleTownship of GREENVILLE, S.C.

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

4053

Registration District NO. 8209ARegistered No. 112

(For use of Local Registrar)

EMMA NO. 112

(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

child is not yet named, make supplemental report as directed

1. SEX OR
MALE2. Twin
or Triplet3. Number in
order of birth4. Are
Parents
Married?

5. DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

6. FULL
NAME7. PRESENT
POSTOFFICE
OF FATHER8. COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

9. BIRTHPLACE

10. OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplement-
al report)

(25) Witness

(Signature of witness necessary only
when question 21 is signed by mark)

(26) Date

Jan 4 23

(27)

(28) A. J. MacKay
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return.
A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the sixth month of pregnancy.