

File No.—For State Registrar Only

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

20190

Registration District No. 402-B .. Registered No. 45 ..
(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.)

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

(7) DATE OF BIRTH..... June 1..... 1972
(Name of Month) (Day) (Year)

MOTHER.

with Norton

2. To 2. 2

25

(17) AGE AT LAST BIRTHDAY..... 20.
(Year)

1997

(18) BIRTHPLACE

Turner

(10) OCCUPATION

Domestic

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 at H.A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(3) 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 June 1922 (28) W. W. Van der
Local Registrar.

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.