

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

No. 12714

Registration District No. Registered No. 137
 (For use of Local Registrar)

(2) Full Name of Child E. J. Makins (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD boy (4) Twin or Triplet 4th (5) Number in order of birth 4th (6) Are Parents Married Yes (7) DATE OF BIRTH March 7, 1943
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Makins
 (9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE Greenwood, S.C.
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Lidia M. C. Cullen
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Greenwood, S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 4a at 4a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Makins (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is "Dead") W. E. CRAYTON,

(27) Filed 19 (28) ANDERSON, S. C. 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.

a Supplementary report

Address 24 men
 Filed 19