

1. PLACE OF BIRTH

County of Charleston.....

Township of

or
Inc. Town of

or
City of Charleston.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

48366

Registration District No. 9A

Registered No. 138
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. Infant of Arndell Viard....

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

(3) BOY OR GIRL? Boy. (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes. (7) DATE OF BIRTH Feb 7th 6 (8) (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harry H. Viard.
(9) PRESENT POSTOFFICE OF FATHER 16 Grove St.
(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Charleston, S.C.
(13) OCCUPATION Mill hand.
(20) Number of children born to mother, including present birth { First.....

MOTHER.
(14) NAME BEFORE MARRIAGE Arndell Beach.
(15) PRESENT POSTOFFICE OF MOTHER 16 Grove St.
(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Walterboro, S.C.
(19) OCCUPATION House wife.
(21) Number of children of this mother now living, including present birth { ...First...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at on the date above stated.

(23) (Signature) (24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of witness necessary only when question is raised by mark)

*When there was no attendance of physician or midwife, the father, mother, etc., should make this report. If a child breathes even once, it must not be considered a stillbirth. No report is required of stillbirths before the

WHEN PLAINLY, WHEN UNFADING INK—THIS IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McGraw of Columbia