

(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

20200

Registration District No. 4.25. Registered No. 23
(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.)

(2) Full Name of Child

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

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

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE *Yvonne Rhoads*

(15) PRESENT POSTOFFICE OF MOTHER *Ensured*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY..... *19* (Years)

(18) BIRTHPLACE

Charterbury Co.

(19) OCCUPATION
Domestic & farm hand

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	<i>C. W. Harris</i>	
(24) State whether Physician or Midwife	(25) Address of Physician or Midwife	

(28) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Jan 22 1922 (28) 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.

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