

4-18-28

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

STATE OF SOUTH CAROLINA

9397-a

Bureau of Vital Statistics

State Board of Health

Registration District No. 4203

Registered No.

(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.)

Name of Child *John P. P. P.*

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

OR 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? *yes*

7. DATE OF BIRTH *Mar 7 1928*
(Name of Month) (Day) (Year)

FATHER
John P. P.
MOTHER
Laura P. P.

14. NAME BEFORE MARRIAGE *Laura P. P.*

15. PRESENT POSTOFFICE OF MOTHER *Calusa, S.C.*

11. AGE AT LAST BIRTHDAY (Years)

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

18. BIRTHPLACE *Calusa, 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

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

23. Signature of Physician or Midwife *Midwife Calusa, S.C.*
24. State whether Physician or Midwife 25. Address of Physician or Midwife

26. Witness (Signature of Witness necessary only when question 23 is signed by mark) *P. S. Lee*

27. Filed 19 Registrar

28. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.