

(1) PLACE OF BIRTH

County of CherokeeTownship of CastaliaInc. Town of _____
or _____
or _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2536

Registration District No. 4006Registered No. _____
(For use of Local Registrar)City of _____ (No. _____ of _____ 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

| | | | | |
|---|--|---|--|---|
| (1) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>1. 1. 22</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Joe Farmer</u> | | | (14) NAME BEFORE MARRIAGE <u>Anna Crawford</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Campers R.R.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>←</u> | |
| (10) COLOR OR RACE <u>B.</u> | (11) AGE AT LAST BIRTHDAY <u>38</u> (Years) | (16) COLOR OR RACE <u>B.</u> | (17) AGE AT LAST BIRTHDAY <u>37</u> (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>D.</u> | | |
| (20) Number of children born to mother, including present birth <u>10</u> | | (21) Number of children of this mother now living, including present birth <u>9</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. at 9. 1. 22 at _____
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Martin
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campers R.R.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed

(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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WHITE PLAINING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.