

(1) PLACE OF BIRTH

County of Shelby
Township of Marion
or
Inc. Town of X
or
City of X
(If birth occurs in a hospital or other institution, give name of institution.)

CERTIFICATE OF BIRTH

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

Registration District No.

File No.—For State Registrar Only

3587

Registered No. 26
(For use of Local Registrar)

(No. St.; Ward)
(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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? X	(5) Number in order of birth 1
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To be answered only in event of Twins or Triplets

(f) Are Parents Married? Yes

(7) DATE OF BIRTH *Feb 1 1928*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Paul Cash

(3) PRESENT POSTOFFICE OF FATHER *Carpenter S. C. R.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26* (Yrs).....

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. born alive or stillborn illour M. or F. M.

(13) (Signature)
(14) State of

State Warrent Physician or Midwife

(12) Address of Physician or Midwife

Given name added from a supplemental report

(28) **Witness**

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

(37) Flee

1944 (28) 104

*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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