

10-17-80 12:20 PM

OFFICE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
State Board of Health

Subscription Period No.

Registration District No.

SC-2 Perros

or other institution, give name of same

Ray Kume

Ray Turner

(b) Number of	5	(c) No. of	1
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ORDER OF BIRTH

NAME OF PERSON OR FIRM	ADDRESS	DATE	REMARKS
...

100

W. L. Jones

SECRET

SC (b) (7) (C)

25

LAST 32 (10) COLOR 011

ON PAGE 2

50

SC. 114

0-2.

11a) *Signature*

(2) Number of cities

..... (C)

NAME OF ATTENDING PHYSICIAN

ated the birth of this child, who was...

ed the birth of this case, who
ed.

(Signature) _____

(24) State whether Physician or Nurse _____

Chief of C.

002- 12-13

(26) Witness (Signature of

(Signature of
when questioned)

... *Lee* ...

(27) Filed 1963.....19

ician or midwife, then the father, how-
ever, not be reported as stillborn.

It must not be reported as stillborn.
before the fifth month of pregnancy

Before the fifth month of pregnancy.

5th month of pregnancy.

... 2000-2001
