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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
IN 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

THE UNIVERSITY OF CHICAGO

• newborn

(1) PLACE OF BIRTH County of <u>Richmond</u> Township of <u>Carter</u> or Inc. Town of or City of (No. St. Ward ...)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. <u>37458</u> —For State Register Registered No. (For use of Local Registrar)	
(2) Full Name of Child <u>L. J. L. L.</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OR CHILD <u>Male</u>		(4) Type or Triplet <u>To be answered only in case of Twins or Triplets</u>		(5) Are Fresh Marriages	
FATHER. (6) FULL NAME <u>J. L. L.</u> (7) PRESENT RESIDENCE OF FATHER <u>Lykes Lane S.C.</u> (8) COLOR OR RACE <u>White</u> (9) AGE AT LAST BIRTHDAY <u>34</u> (Years) (10) BIRTHPLACE <u>Estimate</u> (11) OCCUPATION <u>farming</u>		MOTHER. (12) NAME BEFORE MARRIAGE <u>Married</u> (13) PRESENT RESIDENCE OF MOTHER <u>Lykes Lane S.C.</u> (14) COLOR OR RACE <u>White</u> (15) AGE AT LAST BIRTHDAY <u>20</u> (Years) (16) BIRTHPLACE <u>Estimate</u> (17) OCCUPATION <u>farming</u>			
(18) Number of children born to mother, including present birth <u>Three</u>		(19) Number of children of this mother now living, including present birth <u>Three</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(20) I hereby certify that I attended the birth of this child, who was <u>L. J. L. L.</u> , M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(21) (Signature) <u>Lavinia L. L.</u> (22) State whether Physician or Midwife <u>Midwife</u>		(23) Address of Physician or Midwife			
Given name added from a supplemental report		(24) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (25) Filed _____ (26) _____ (27) _____			
Registrar		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.					