

## (1) PLACE OF BIRTH

County of Licking Co.Township of Chasing Spring

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35380

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>4.10.22</u> (Name) (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Marla Smith(9) PRESENT POSTOFFICE OF FATHER Batesburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)(12) BIRTHPLACE Aiken Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Corder(15) PRESENT POSTOFFICE OF MOTHER Batesburg(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Licking Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a. m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. I. Johnson(24) State whether Physician or Midwife mid.(25) Address of Physician or Midwife Batesburg S.C.

Given name added from a supplemental report

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

(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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