

MARRIAGE RESERVED FOR BUNDLING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.
 MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

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

 Registration District No. 29A Registered No. 50
 (For use of Local Registrar)

File No.—For State Registrar Only

19426

(2) Full Name of Child

Arthur J. Yetter

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

(3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY
(9) PRESENT POSTOFFICE OF FATHER	(12) BIRTHPLACE
(10) COLOR OR RACE	(13) OCCUPATION
(14) Number of children born to mother, including present birth	

MOTHER.

(14) NAME BEFORE MARRIAGE	(17) AGE AT LAST BIRTHDAY
(15) PRESENT POSTOFFICE OF MOTHER	(18) BIRTHPLACE
(16) COLOR OR RACE	(19) OCCUPATION
(20) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 (22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date July 10, 1942 (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.