

(1) PLACE OF BIRTH

County

Township of

Inc. Town of

OF

City of

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

File No. — For State Registrar Only

5793

Registered No.
(For use of Local Registrar)

..St.; Ward

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

(3) **BOY OR GIRL?**

(4) Twin or Triplet?

(6) Number in order of birth

(B) Are Parents Abused?

(7) DATE OF BIRTH 1/1/1941

BIRTH March 5, 1923
(Name of Month) (Day) (Year)

(b) FULL NAME

FATHER.

(14) NAME BEFORE MARRIAGE

MOTHER

(9) **PRESIDENT**
POST OFFICE
OF SALES

(15) PRESENT
POSTOFFICE

(10) COLOR OR

(11) AGE AT LAST BIRTHDAY

(18) COLOR OR

(17) AGE AT LAST

(12) **BIRTHPLACE**

(10) BIRTHPLACE

(13) **OCCUPATION**

(10) **OCCUPATION**

(20) Number of children born to mother (including second birth)

(21) Number of children of this mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(2B) I hereby certify that I attended the birth of this child, who was . . . Alvin . . . at . . . 10 . . . M.,
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Christopher Mawhin

Given name added from a supplemental report

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

(27) Filed March 13 23 (28) By Lyndon
Shirley 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.