

File No.—For State Registrar Only

(11) PLACE OF BIRTH
Spartanburg

Residence of La. 001

in form of

.....

CERTIFICATE OF
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4006

Registered No. 63.....
(For use of Local Registrar)

Room : Ward

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

(2) Full Name of Child / JIM WOLF Supplemental report as directed

3 COPY OR ONLY	(4) Total or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	BIRTH <i>2-21-53</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
NAME	...	NAME	...
...

1. NAME BEFORE MARRIAGE Johnnie L. Lister

(19) PRESENT POSTOFFICE

POSTOFFICE OF FATHER	OF MOTHER	(17) AGE AT LAST BIRTHDAY
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(10) COLOR OR RACE 271112 (Year) _____

(10) BIRTHPLACE

[illegible]

13. DESCRIPTION	14. QUANTITY	15. UNIT	16. PRICE	17. TOTAL
1. 1000	1000	1000	1000	1000
2. 1000	1000	1000	1000	1000
3. 1000	1000	1000	1000	1000
4. 1000	1000	1000	1000	1000
5. 1000	1000	1000	1000	1000
6. 1000	1000	1000	1000	1000
7. 1000	1000	1000	1000	1000
8. 1000	1000	1000	1000	1000
9. 1000	1000	1000	1000	1000
10. 1000	1000	1000	1000	1000
11. 1000	1000	1000	1000	1000
12. 1000	1000	1000	1000	1000
13. 1000	1000	1000	1000	1000
14. 1000	1000	1000	1000	1000
15. 1000	1000	1000	1000	1000
16. 1000	1000	1000	1000	1000
17. 1000	1000	1000	1000	1000
18. 1000	1000	1000	1000	1000
19. 1000	1000	1000	1000	1000
20. 1000	1000	1000	1000	1000
21. 1000	1000	1000	1000	1000
22. 1000	1000	1000	1000	1000
23. 1000	1000	1000	1000	1000
24. 1000	1000	1000	1000	1000
25. 1000	1000	1000	1000	1000
26. 1000	1000	1000	1000	1000
27. 1000	1000	1000	1000	1000
28. 1000	1000	1000	1000	1000
29. 1000	1000	1000	1000	1000
30. 1000	1000	1000	1000	1000
31. 1000	1000	1000	1000	1000
32. 1000	1000	1000	1000	1000
33. 1000	1000	1000	1000	1000
34. 1000	1000	1000	1000	1000
35. 1000	1000	1000	1000	1000
36. 1000	1000	1000	1000	1000
37. 1000	1000	1000	1000	1000
38. 1000	1000	1000	1000	1000
39. 1000	1000	1000	1000	1000
40. 1000	1000	1000	1000	1000
41. 1000	1000	1000	1000	1000
42. 1000	1000	1000	1000	1000
43. 1000	1000	1000	1000	1000
44. 1000	1000	1000	1000	1000
45. 1000	1000	1000	1000	1000
46. 1000	1000	1000	1000	1000
47. 1000	1000	1000	1000	1000
48. 1000	1000	1000	1000	1000
49. 1000	1000	1000	1000	1000
50. 1000	1000	1000	1000	1000
51. 1000	1000	1000	1000	1000
52. 1000	1000	1000	1000	1000
53. 1000	1000	1000	1000	1000
54. 1000	1000	1000	1000	1000
55. 1000	1000	1000	1000	1000
56. 1000	1000	1000	1000	1000
57. 1000	1000	1000	1000	1000
58. 1000	1000	1000	1000	1000
59. 1000	1000	1000	1000	1000
60. 1000	1000	1000	1000	1000
61. 1000	1000	1000	1000	1000
62. 1000	1000	1000	1000	1000
63. 1000	1000	1000	1000	1000
64. 1000	1000	1000	1000	1000
65. 1000	1000	1000	1000	1000
66. 1000	1000	1000	1000	1000
67. 1000				

27. 1881

20 Number of children born to _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) _____
on the date above stated. _____

(25) (Signature) _____ (26) Address of Physician or Midwife _____

(34) State whether payment was made to the following persons:

Give name added from a supplement. necessary only

(a) report

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

10 23 (20) 2114

19 Registrar (27) Paid

If a child breathes even once, it must not be reported as stillborn. No report is to be made until after the fifth month of pregnancy.

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.