

(1) PLACE OF BIRTH

County of: York
 Township of: York
 or
 Inc. Town of: Calabau
 or
 City of: Calabau

CERTIFICATE OF BIRTH

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

File No. -- For State Registrar Only

9560

Registration District No. 4467Registered No. 179
(For use of Local Registrar)

(No. _____)

St. _____ Ward _____

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

(2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH: Jul 29, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 Alive at 9 AM.
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 notice added from a supplemental report

(26) Witness

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

(27) Local Registrar

When child is born in a hospital or other institution, the father, householder, etc., should make this return. If a child is born stillborn, it must be reported and certified. No report is desired of stillbirths before the law and of pregnancy.