

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

**Bureau of Vital Statistics**

**State Board of Health**

File No.—For State Registrar Only

1151

County of Alameda

Township of Debon.....

inc. Town of.....

OF

City of .....  
 (if birth occurs in a hospital or)

Registration District No. 332.4.

Registered No. 149.....

(For use of Local Registrar)

(No. .... St. .... Word)

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

(2) Full Name of Child John James

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

3) BOY ON  
GIRL?

(4) Indo-Gen  
or Indo-Gen

(b) Number in order of birth

(b) Are

(7) SAVE ON  
MONEY

(Name of Month) (Day) (Year)

**FATHER.**

# MOTHER.

(1) FULL NAME Robert Hodge

PRESENT POSTOFFICE OF FATHER *At 226, 21. B*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34*

12 BIRTHPLACE

13. OCCUPATION *Teacher*

29 Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE *Bessie Greenhouse*

(18) PRESENT POSTOFFICE OF MOTHER *1422 N. B.*

(16) COLOR OR HAIR  
BROWN

(17) AGE AT LAST BIRTHDAY  
33

DATE 12-1-66 (Date)

(15) BIRTHPLACE \_\_\_\_\_

(10) OCCUPATION  
Student

(21) Number of children of this mother now living, including present birth 51

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(20) 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.)

(28) (Signature)

(24) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(20) Withers

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

(27) Filed Nov 17 1995 25 (28) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466</

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

**IF a child breathes even once, it must not be reported as stillborn -- the report is correct as submitted before the fifth month of pregnancy.**