

## (1) PLACE OF BIRTH

County of Coker

Township of .....

or  
Inc. Town of Wachulla

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

File No.—For State Registrar Only

31481

Registration District No. .... Registered No. 112

(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)

(2) Full Name of Child. .... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1921</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Norman Tow</u>	(14) NAME BEFORE MARRIAGE <u>Rhoda Dorsey</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wachulla</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wachulla</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Wachulla</u>	(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(10) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Robeson Co Ga</u>	(18) BIRTHPLACE <u>Robeson Co Ga</u>
(11) BIRTHPLACE <u>Georgetown S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children of this mother now living, including present birth <u>1</u>
(12) OCCUPATION <u>Officer</u>	(20) Number of children of this mother now living, including present birth <u>1</u>		

## 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 and day of P. M.)

(23) (Signature) John M. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wachulla S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9, 1921 (28) M. A. ... 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.

Registrar ..... Local Registrar.

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