

(1) PLACE OF BIRTH

County of Anderson

Township of Piedmont

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

REGISTRATION NO. 218

Registered No. 80
(For use of Local Registrar)

(No. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.
If child is not yet named, make supplemental report as required.

(2) Full Name of Child OTIS LEON MERD

(1) BOY OR GIRL <u>Boy</u>	(2) Type or Figure To be covered only in event of Twins or Triplets	(3) Number in order of birth	(4) Sex <u>Male</u>	(5) DATE OF BIRTH <u>Nov 6 27</u>
FATHER			MOTHER	
(6) FULL NAME <u>J. L. Merd</u>			(14) NAME OF MOTHER <u>Mary Doggett</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Piedmont</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Piedmont</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>mic (wars)</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (For A. M. or P. M.)
on the date above stated.

(23) (Signature)
(24) State where Physician or Midwife
(25) Address of Physician or Midwife

(26) Witness (Signature of Witness necessary only when question 22 is signed)
(27) 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.

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