

County of Clarendon
Township of St. James
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3744

Registration District No. 1309. Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin

10/ Number in

(5) ~~Are Parents~~

(7) DATE OF BIRTH Feb 24, 1922
(Name of Month) (Day) (Year)

FATHER

(6) ☒ FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR
OR
FACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY... 22-
(1971)

Clarendon Co

Farming

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(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 _____ at _____ M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Library of Physician or Midwife

Given name added from a supplement-
al report

(28) - Witnesses

(Signature of Witness necessary on
 Subquestion 23 is signed by [redacted])

(27) FIVE

10-2 (28) Local Registrar

Registrar LX-101 (Rev. 10-1-68)

* 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 a stillbirth
 occurring before the fifth month of pregnancy.