

## (1) PLACE OF BIRTH

County of PickensTownship of Cutler

or

Inc. Town of .....

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

Registration District No. 3700

File No.—For State Registrar Only

29787

Registered No. 142  
(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>2/12/20</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Baird James</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Pickens Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>10</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lela Mansion</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Marion S.C.</u>	
(16) COLOR OR RACE <u>Negro</u>	
(18) BIRTHPLACE <u>Pickens Co S.C.</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) 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 born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1. Cutler S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 9/2/23(28) Local Registrar [Signature]

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.