

Form No. 1

## (1) PLACE OF BIRTH

County of ForamTownship of 1

OR

Inc. Town of 1

OR

City of 1

(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

34319

Registration District No. 20-ARegistered No. 307

(For use of Local Registrar)

(No. Wine Ward)

## (2) Full Name of Child

Rennie Evelyn

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

(3) SEX OR

Girl

(4) Twin

or Triplet?

No

(5) Number in

order of birth

1

(6) Are

Parents

Married?

Yes

(7) DATE OF

9-20-2

BIRTH

(Name of Month) (Day) (Year)

(8) FULL

NAME

JE

FATHER

Foss

(9) PRESENT

POSTOFFICE

OF FATHER

For

(10) COLOR

OR

RACE

W

(11) AGE AT LAST

BIRTHDAY

3-8

(12) BIRTHPLACE

Wichita Falls, Tex

(13) OCCUPATION

EngEng

(20) Number of children born to

mother, including present birth

13

(21) Number of children of this mother

now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

DH Smith

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-1-122(28) P.H. BrishawWD

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.