

MAIN 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
		STATE OF SOUTH CAROLINA		86180	
		Bureau of Vital Statistics			
		State Board of Health			
County of <u>Rushaw</u>		Registration District No. <u>2706</u>		Registered No. <u>123</u>	
Township of <u>Buffalo</u>				(For use of Local Registrar)	
or					
Inc. Town of <u>Rushaw</u>					
or					
City of <u>X</u>	(No.)	St.	Ward		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Oliver Brown</u>			If child is not yet named, make supplements' report as directed		
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>Oct 7</u> , 19 <u>16</u>	
To be answered only in event of twins or triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Oliver Brown</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Cunningham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rushaw S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rushaw S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u>			(17) AGE AT LAST BIRTHDAY <u>18</u>		
(12) BIRTHPLACE <u>Lancaster County</u>			(18) BIRTHPLACE <u>Lancaster County</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House-wife</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>(1) one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born Alive</u> at <u>2:15</u> a.m., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>E. B. Marshall</u>			(23) Address of Physician or Midwife <u>Rushaw S.C.</u>		
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>Dec 9</u> , 19 <u>16</u> (28) Local Registrar		
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.