

(1) PLACE OF BIRTH

County of Hagerwell
 Township of Hagerwell
 or
 Inc. Town of Luxa skit
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OF CHILD Male
 (4) Type or Type of Birth
 To be reported as Stillborn

FATHER
 (5) FULL NAME Carlisle B. B.

(6) PRESENT RESIDENCE ...

(7) OCCUPATION ...

(8) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 4

(9) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(10) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(11) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(12) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(13) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(14) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(15) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

CERTIFICATE OF BIRTH

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

Registration District No. 308

City of ...

Full Name of Child ...

(3) SEX OF CHILD Male
 (4) Type or Type of Birth
 To be reported as Stillborn

FATHER
 (5) FULL NAME ...

(6) PRESENT RESIDENCE ...

(7) OCCUPATION ...

(8) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH ...

(9) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(10) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(11) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

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(15) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

No. 12838

12838

Registered No. 5
 (For use of Local Registrar)

City of ...

Full Name of Child ...

(3) SEX OF CHILD Male
 (4) Type or Type of Birth
 To be reported as Stillborn

FATHER
 (5) FULL NAME ...

(6) PRESENT RESIDENCE ...

(7) OCCUPATION ...

(8) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH ...

(9) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(10) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

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(14) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(15) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH ...

CERTIFICATE

(22) I hereby certify that I attended this child, who was ... on the date above stated.

(23) ...
 (24) ...

(25) Address of Physician or Midwife ...

(26) Address of Physician or Midwife ...

(27) Address of Physician or Midwife ...

Given name added from a supplemental report

...

19 ...
 Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the 4th month of pregnancy.

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

...

(28) ...

(29) ...

The attached Certificate is very in-
complete - I do not know parties and
have made enquiry. If you want
will investigate further upon return

JH Thomson
R. Anderson & Co

1/10/22