

File No. — For State Registrar Only  
19810

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Registered No. 73

(For use of Local Registrar)

St. \_\_\_\_\_

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

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

(7) DATE

1

**FATHER.**

# MONSTER.

10 NAME BEFORE MARRIAGE

(16) **PRESENT  
POSTOFFICE**

(16) COLOR OR

(16) **PLACE** **BIRTHPLACE**

(10) OCCUPATION

(21) Number of children  
now living, including

**CERTIFICATE OF ATTENDING PHYSICIAN OR PROVIDER**

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

(28) (Signature)

(24) State whether Physician or Midwife

**25) Address of Physician or Midwife**

Given name added from a supplemental report

(24) Witnesses

(Signature of Witness) \_\_\_\_\_  
when question 23 was asked \_\_\_\_\_

**(27) Filled**

(27) .. ANDERSON, S. C. ..

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.

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