

MARCH REGISTRATION FORM SUBSTITUTED FOR BIRTH RECORD. THIS FORM IS A PERMANENT RECORD, AND SHOULD BE KEPT AS A SEPARATE RECORD FOR EACH CHILD, IN ADDITION TO THE BIRTH RECORD. NO. 1, WHICH IS USED FOR RECORDS OF PREGNANCY, DELIVERY, ETC.

(1) PLACE OF BIRTH
County of
Township of
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH DAKOTA

REGISTRATION FORM
307

Registration District No. 208
(For use of Local Register)

No. Ward

If child is not yet named, make supplemental report on line 1.

(1) DATE OF BIRTH
(Name of Month) (Year) (Year)

MOTHER

(2) SEX boy	(3) TYPE of Twins To be answered only in event of Twins or Triplets	(4) Number in order of birth 1	(5) GENDER SEX MATERIAL you	(6) NAME OF MOTHER
FATHER				
(7) FULL NAME Walter Nutto	(8) PRESENT PROFESSION or PATER	(9) COLOR white	(10) AGE AT LAST BIRTHDAY (Year) 30	(11) NAME AT LAST BIRTHDAY (Year) 25
(12) COLOR white	(13) BIRTHPLACE Aiken Co	(14) OCCUPATION Farmer	(15) BIRTHPLACE Aiken	
(16) Number of children born to mother, including present one 4	(17) Number of children of this mother now living, including present one 4			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Julia Givens (30) Address of Physician or Midwife
(31) State whether Physician or Midwife midwife (32) Address of Physician or Midwife
Carlisle SC

Gives same added from a supplemen-
tal report

(33) Witness (Signature of Witness necessary only
when question 28 is signed by mark)

(37) Filed 11-7-2023 (28) J. L. Johnson
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.

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Registrar