

(1) PLACE OF BIRTH

Township of Charles

OF

Inc. Town of.....

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

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

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(4) **Twin or Triplet?**

(5) Number in order of birth

(8) **Are Parents Married?**

(7) DATE OF BIRTH June 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) **FULL
NAME**

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY.....
(Year)

12) BIRTHPLACE

13. OCCUPATION

20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Alvin at 3:30 M.
on the date above stated. (Born a live stillborn) (Hour A M or P M)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witnesses

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

(27) Filed

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(28) David A. Carter
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.~~

McCAW OF COLUMBIA. COLUMBIA, S. C.