

(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.)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

(28) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 206

File No. - For State Registrar Only

13017

Registered No. 49

(For use of Local Registrar)

St. Ward

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

DATE OF BIRTH

(Name of Month) (Day) (Year)

May 22 1922

FATHER.

MOTHER.

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF FATHER

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth.

Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was at on the date above stated.

(Signature)

State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

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