

(1) PLACE OF BIRTH

County of McCluskeyTownship of Brighton

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19464

Registration District No. 3302Registered No. 34
(For use of Local Registrar)2) Full Name of Child. JANE Stafford

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

3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be marked only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 6.25.22

8) FULL NAME

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) OCCUPATION

(21) Number of children born to mother including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. P. Graham

(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) Filled

6/3019122

(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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.

McCluskey of Columbia.