

(1) PLACE OF BIRTH

County of Lenoir

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)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

104

Registration District No. 2209ARegistered No.
(For use of Local Registrar)(No. 94 15)Ht.: Judson Ward)(2) Full Name of Child Harold Frederick Black

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

DOY OR
LIVELY1) Term
or Triplet2) Number in
order of birthAre
Parents
Married

To be answered only in event of Twins or Triplets

FATHER.

1) FULL
NAME2) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE

18) BIRTHPLACE

19) OCCUPATION

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

MOTHER.

(17) AGE AT LAST
BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M.
on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplement-
tal report

(28) Witness

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

(29) Date

(30) 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.