

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25064

Registration District No. 2.A.

Registered No. 1118

(For use of Local Registrar)

(No. 14 America St., Alley Ward) 10

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

(2) Full Name of Child

Still Born

(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

August 1, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam F. V. C.

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Labor

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Sheaphard

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Buckley County, S.C.

(19) OCCUPATION

own house keeper

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

14

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Still Born

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) Filed

19

(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.