

## (1) PLACE OF BIRTH

County of Cecil  
 Township of Powell  
 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

6274

Registration District No. 206 Registered No. 7  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>March 22</u>
FATHER			MOTHER	
(8) FULL NAME <u>Jim Landy</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wagener</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wagener</u>	
(10) COLOR OR RACE <u>Black</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(16) COLOR OR RACE <u>Black</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 6 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.