

(1) PLACE OF BIRTH

County of Darke
Township of ButlerCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

32717

Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
Registration District No. 4400 Registered No. 37
(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 Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Oct 5-22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME H. B. Bulvin (14) NAME BEFORE MARRIAGE Katherine Davis(9) PRESENT POSTOFFICE OF FATHER Bowling Green SC (15) PRESENT POSTOFFICE OF MOTHER Bowling Green SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years) (Years)(12) BIRTHPLACE P.C. (18) BIRTHPLACE P.C.(13) OCCUPATION Miller (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. B. Bulvin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chock SC 9872

Given name added from a supplemental report

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

(27) Filed Sept 6-22 (28) Chock 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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McKay, of Columbia, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.