

(1) PLACE OF BIRTH

County of Richland
Township of Lower
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 29989
No. — For State Registrar Only

Registration District No. 2803 Registered No. 201
(For use of Local Registrar)

City of (No. St. Ward)

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

(2) Full Name of Child Carance Vereen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (6) DATE OF BIRTH Sept 26, 23
(Name / Month) (Day) (Year)

FATHER
(8) FULL NAME Irud Vereen
(9) PRESENT POSTOFFICE OF FATHER Hopkins D.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
(Year)
(12) BIRTHPLACE Columbus Co. N. C.
(13) OCCUPATION Saw mill laborer
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE
(15) PRESENT POSTOFFICE OF MOTHER Hopkins D.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
(Year)
(18) BIRTHPLACE D.C.
(19) OCCUPATION
(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 born at 10 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Carance Vereen
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hopkins D.C.

Given name added from a supplemental report

(26) Witness Mrs. J. M. Johnson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/17/23 (28) Mrs. J. M. Johnson
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.