

(1) PLACE OF BIRTH

County of McConick
 Township of Bondurant
 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

8400

38

Registration District No. 4

Registered No. 38
(For use of Local Registrar)

(No. _____ St. _____ Ward)

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

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

(2) Full Name of Child

John Pope

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 28 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Thomas Pope

(9) PRESENT POSTOFFICE OF FATHER

Bondurant

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

8

MOTHER

(14) NAME BEFORE MARRIAGE

Sophie Morgan

(15) PRESENT POSTOFFICE OF MOTHER

Bondurant

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Maggie Chambliss

(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

Mar 10 22

(28)

B. A. Mathison

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. No report is desired of stillbirths before the fifth month of pregnancy.