

211 50434

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50441

Registration District No. 40009

Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child

Dor Wood Momen

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

(3) SEX GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents	(7) DATE OF BIRTH
FATHER			MOTHER	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE			(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY			(17) AGE AT LAST BIRTHDAY	
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P M. on the date above stated. (Hour & 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

191...

Registrar

(26) Witness

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

(27) Filed

191...

(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.

MAILED 11/11/11
 THIS TABLE FOR RECORDING IN THIS IS A PRELIMINARY REPORT
 TO BE USED FOR RECORDING IN THE BUREAU OF VITAL STATISTICS
 OF THE STATE OF SOUTH CAROLINA, No. 1, THIS OTHER, No. 2, etc., in question 3.

McCaw, of Columbia