

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64920

(2) Full Name of Child

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

(3) SEX OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) AGE <i>27</i>	(7) DATE OF BIRTH <i>June 20, 1906</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>Robert Williams</i>			(9) NAME BEFORE MARRIAGE <i>Magazine Perkins</i>	
(10) PRESENT POSTOFFICE OF FATHER <i>Cassat SC</i>			(11) PRESENT POSTOFFICE OF MOTHER <i>Cassat SC</i>	
(12) COLOR OR RACE <i>Col.</i>			(13) AGE AT LAST BIRTHDAY <i>23</i>	
(14) BIRTHPLACE <i>Kershaw Co</i>			(15) OCCUPATION <i>Farming</i>	
(16) Number of children born to mother, including present birth <i>2</i>			(17) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *above* on the date above stated.(23) (Signature) *Nancy McCoy*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Cassat SC*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Date

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Local Registrar

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw, of Columbia

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.