

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Quincy  
 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

7686

Registration District No. 3102Registered No. 9  
(For use of Local Registrar)St. 1 Ward

(No. ....)

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

## (2) Full Name of Child

3. BOY OR  
GIRL4. Twin  
or Triplet?5. Number in  
order of birth  
To be answered only in event of Twin or Triplet6. Are  
Parents  
Married?

7. DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

8. FULL  
NAME9. PRESENT  
POSTOFFICE  
OF FATHER10. COLOR  
OR  
RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to  
mother, including present birth11. AGE AT LAST  
BIRTHDAY

(Years)

## MOTHER.

14. NAME BEFORE  
MARRIAGE15. PRESENT  
POSTOFFICE  
OF MOTHER16. COLOR  
OR  
RACE

18. BIRTHPLACE

19. OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at S.P. M.  
on the date above stated. Hour M. or P. M.(25) (Signature) A. J. L. Allen

(24) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(28) Witness

(Signature of Witness necessary only  
when question is signed by mark)(27) Filed Apr 14 1924

Local Registrar

19 .....

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.If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
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