

(1) PLACE OF BIRTH

County of

Township of

or Town of

or City of

(2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—for State Registrar Only

44652

Registration District No. 7.209

Registered No. 79

(For use of Local Registrar)

(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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 2, 1914

MOTHER.

(8) FULL NAME

John M. M. M.

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Spartanburg S.C.

(13) OCCUPATION

Day Laborer

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

5

(14) NAME BEFORE MARRIAGE

Amin Bell Dushane

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Troy, N.C.

(19) OCCUPATION

Domestic

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Place

101

(28) Date

101

(29) 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.

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