

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31630

Registration District No. 3676

Registered No. 70

(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.)

(2) Full Name of Child Sittle Daniel Pedigree If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave Pedigree(9) PRESENT POSTOFFICE OF FATHER Ext. 11111(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Davis(15) PRESENT POSTOFFICE OF MOTHER Ext. 11111(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

Wife(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 at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. L. G. Jones(24) State whether Physician or Midwife Physician (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 Sept 11, 22 (28) Local Registrar P. L. G. Jones

*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.