

(1) PLACE OF BIRTH

County of UcharTownship of 1Inc. Town of 7City of 4

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

(2) Full Name of Child

FrederickSex MaleDate of Birth Jan 27Time of Birth 11Place of Birth HomeColor or Race WhiteBirthplace UcharOccupation FarmerNumber of children born to mother, including present birth 3Name of father John F. G.Age at last birthday 30

MOTHER

Name before marriage FrederickPresent postoffice of mother TobaccoColor or race WhiteBirthplace UcharOccupation HousewifeNumber of children of this mother now living, including present birth 3I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Frederick(24) State whether Physician or Midwife PhysicianAddress of Physician or Midwife 371 KempWitness (Signature of Witness necessary only when question 22 is signed by mark) Frederick(27) Registrar Frederick

If a child is born dead, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child is born alive, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3849

191

Registered No. 191

(For use of Local Registrar)

Sec. Wards

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

DATE OF BIRTH

(Name of Child) (Day) (Year)

TIME OF BIRTH

PLACE OF BIRTH

COLOR OR RACE

BIRTHPLACE

OCCUPATION

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

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