

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B. 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 2.

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Register Only
35233

Registration District No. 1902 Registered No. 62
 (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 Phyllis Margaret If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Type or Triplet No (5) Number in order of birth 6 (6) Age 7 (7) DATE OF BIRTH Oct 15 1933
 To be approved only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John H. H. H.</u>	(14) NAME BEFORE MARRIAGE <u>John H. H. H.</u>	(9) PRESENT RESIDENCE OF FATHER <u>Charleston</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Charleston</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u>
(12) BIRTHPLACE <u>Charleston</u>	(18) OCCUPATION <u>Domestic</u>	(13) BIRTHPLACE <u>Charleston</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John H. H. H.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 10 1933 (28) Paul J. H. H. Local 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.