

County of Gloucester
Township of Center
or
Inc. Town of.....
or
City of

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

31487

Registration District No. 3500

Registered No. 143
(For use of Local Registrar)

City of (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

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

3 BOY OR
GIRL?

4) Twin or Triplet?

5) Number in order of birth

(6) Are Parents

7) DATE OF BIRTH

BIRTH 8 20 22
(Name of Month) (Day) (Year)

FATHER

5. FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

1101 COLD
OR
FACE

13 BIRTHPLACE

13. OCCUPATION

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

FATHER

by M. P.

Minister

(11) AGE AT LAST BIRTHDAY... 34

7

Farming

to birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

181 BIRTHPLACE

12) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) **Witness**

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

(27) Filed

(28) U. S. ...

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.