

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

43912

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 22

(Name of Month) (Day) (Year)

(8) FULL NAME

Albert Perry

(9) PRESENT POSTOFFICE OF FATHER

Madison SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Oconee Co SC

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Lathan

(15) PRESENT POSTOFFICE OF MOTHER

Madison SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Oconee Co SC

(19) OCCUPATION

House 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, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

at 7 P. M. (Hour A. M. or P. M.)

(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) Registrar

19 22

(28)

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.