

100

County of Surber
Township of 2nd
or
Inc. Town of.....
or
City of

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

File No. — For State Registrar Only
3250

Registration District No. : 1

Registered No.
(For use of Local Registrar)

(No. St.; Ward
 (instead of street and number.)

(2) Full Name of Child

(X) BOY OR

(4) Twin
or Triplet

(5) Number in order of birth *2*

(5) Are Parents Married?

(7) DATE OF BIRTH Feb 2 1932

FATHER

100 FULL NAME

PRESENT
POSTOFFICE
OF FATHER

4101 COLO
GR
FACT

12 BIRTHPLACE

13. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was on the date above stated.

(23) (Signature)

(23) (Signature) John J. [illegible]
(24) State whether Physician or Midwife

or Midwife

Given name added from a supplement-
ing report.

John Wilkes

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

(S) **FILE**

1944-45 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.