

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of *Spitz* .....

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

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

16625

Registration District No. *40-a*Registered No. *215*

(For use of Local Registrar)

(No. *Off Austin St.* St.; ..... Ward)

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF *May 22, 22*  
BIRTH... (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY.....  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Hattie Woodruff*(15) PRESENT  
POSTOFFICE  
OF MOTHER *City*(16) COLOR  
OR  
RACE *C*(17) AGE AT LAST  
BIRTHDAY.....  
(Years) *19*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Laundry*(21) Number of children of this mother  
now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *2:30*(23) (Signature) *Rosa Douglas*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *6-1-22* (28) *Jas. Copies*  
Registrar 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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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