

(1) PLACE OF BIRTH

County of

Township of

City of

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

(2) Full Name of Child

(3) SEX OF CHILD

(4) DATE OF BIRTH

(5) TIME OF BIRTH

(6) COLOR OF CHILD

(7) AGE AT LAST BIRTHDAY

(8) PLACE OF BIRTH

(9) OCCUPATION

(10) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN

(11) DATE OF BIRTH

(12) OCCUPATION

(13) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN

(14) DATE OF BIRTH

(15) OCCUPATION

(16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN

(17) DATE OF BIRTH

(18) OCCUPATION

(19) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN

(20) DATE OF BIRTH

(21) OCCUPATION

(22) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN

(23) DATE OF BIRTH

(24) OCCUPATION

(25) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN

(26) DATE OF BIRTH

(27) OCCUPATION

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

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

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NEW YORK

603

127

9 A

Registration District No.

Registered No.

(For use of Local Registrar)

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was alive at 12:00 M., on the date above stated. (Survived or stillborn) (Hour A. M. or P. M.)(29) (Signature) Maggie Lawrence(30) State whether Physician or Midwife Midwife(31) Address of Physician or Midwife 24 Shepherd St.

(32) Given name added from a supplemental report

L. A. Riser, M.D.10/6/4310/6/4310/6/4310/6/4310/6/4310/6/4310/6/4310/6/4310/6/43

(33) Witness (Signature of Witness necessary only when question 28 is signed by, mark)

(34) Filed 1/15 1944(35) Filed 1/15 1944(36) Filed 1/15 1944(37) Filed 1/15 1944(38) Filed 1/15 1944(39) Filed 1/15 1944(40) Filed 1/15 1944(41) Filed 1/15 1944(42) Filed 1/15 1944

When there was no attending physician or midwife, then the father, household head, or other person must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is due before the fifth month of pregnancy.