

(1) PLACE OF BIRTH

County of Rulon

Township of

or
Inc. Town of Lattaor
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

File No.—For State Registrar Only

3982

Registration District No. 16.06Registered No. 12
(For use of Local Registrar)

(No. St.; Ward)

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

1-22-22
(Name of Month) (Day) (Year)

(8) FULL NAME

Tim Reason

(9) PRESENT POSTOFFICE OF FATHER

Latta SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38
(Year)

(12) BIRTHPLACE

Latta SC

(13) OCCUPATION

farmer

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

2

(14) NAME BEFORE MARRIAGE

Sela Bailey

(15) PRESENT POSTOFFICE OF MOTHER

Latta SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

Latta SC

(19) OCCUPATION

wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed 3/201922

(27)

W. L. Rogers

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.

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