

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

52221

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2015 Registered No. 23

(For use of Local Registrar)

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

(3) SEX OR

(4) TIME

(5) Number in

(6) DATE

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FIRST

(9) PRESENT

POST OFFICE

OF FATHER

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to

mother, including present birth

MOTHER

(14) FIRST

(15) PRESENT

POST OFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) D. R. Davis

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

TIMMONSVILLE, S. C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

(27)

Local Registrar

When there was no attending physician or midwife, then the father, household head, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the sixth month of pregnancy.

MAKING INDIVIDUALS FOR BIRMINGHAM. WITH UNPAID AND THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 2. City of Columbia.