

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of *York*

Township of *Green Sea*

Inc. Town of

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

Registration District No. *7506*

File No.—For State Registrar Only

36314

Registered No. *86*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>By</i>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>9/13/83</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>C M Fowler</i>			(9) NAME BEFORE MARRIAGE <i>Beckie Cribb</i>	
(10) PRESENT POSTOFFICE OF FATHER <i>Tulher n.e R2</i>			(11) PRESENT POSTOFFICE OF MOTHER <i>Tulher n.e R2</i>	
(12) COLOR OR RACE <i>white</i>			(13) AGE AT LAST BIRTHDAY <i>38</i> (Year)	
(14) BIRTHPLACE <i>Columbus Co n.e</i>			(15) AGE AT LAST BIRTHDAY <i>35</i> (Year)	
(16) OCCUPATION <i>farmer</i>			(17) BIRTHPLACE <i>Columbus Co. n.e</i>	
(18) OCCUPATION <i>house wife</i>			(19) BIRTHPLACE	
(20) Number of children born to mother, including present birth <i>7</i>			(21) Number of children of this mother now living, including present birth <i>6</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *S.A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *10.1.28* 19 *23* (28) *[Signature]* 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 5th month of pregnancy.