

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and MARK the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

MEDICAL OFFICE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of GreenvilleTownship of 6OR
Inc. Town of 1OR
City of 1

(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

22450

Registration District No. 432Registered No. 77
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? 1(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? 1

(7) DATE OF

BIRTH July 15 22
(Name of Month) (Day) (Year)

FATHER.

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

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Year)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

(28)

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 may be reported as stillborn. No report is desired of stillbirths
 before the fifth month of pregnancy.

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