

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

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

28473

Registration District No. 22

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child.

Dorinda M. Shetty

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

(1) BOY OR GIRL

Girl

(4) Twin or Triplet

No

(5) Number in order of birth

1

to be entered only in case of twins or triplets

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept. 30, 1927

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. H. Shetty

(9) PRESENT POSTOFFICE OF FATHER

Redmont, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at (Hour A. M. or P. M.)

(23) (Signature)

(24) Address of 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 22 is signed by mother)

(27) Date

Sept. 27, 1927

(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 must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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