

(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

17558

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Enter English

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parent Married

(7) DATE OF BIRTH

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alec English

(9) PRESENT POSTOFFICE OF FATHER

Wilmington

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

35

(12) BIRTHPLACE

Fayetteville

(13) OCCUPATION

Farm hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorris Dean

(15) PRESENT POSTOFFICE OF MOTHER

Wilmington

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

33

(18) BIRTHPLACE

Fayetteville

(19) OCCUPATION

Farm hand

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

2

(21) Number of children of the mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(on the date above stated.)

(23) (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 mark)

(27) Filed

19

(28)

Local Registrar.

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.