

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(b) Full Name of Child Rose Detector Brandt

File No.—For State Registrar Only

3344

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A Registered No. 186

(For use of Local Registrar)

St. St. Francis Ward 2

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

BOY OR GIRL?

(4) Twin or Triplet? ☒(5) Number in order of birth ☒(6) Are Parents Married? ☒

(7) DATE OF BIRTH

Jan 28, 1922

(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

FATHER

FULL NAME

PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(9) BIRTHPLACE

(10) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(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 alive at 3:45 P.M. on the date above stated. born alive of stillborn (Hour A.M. or P.M.)(23) (Signature) C. J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Registrar

When there was no attending physician or midwife, then the father, household, 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.

Fifth month of pregnancy.

Registrar