

Form No. 8

(1) PLACE OF BIRTH

County of _____

Township of _____

or
Inc. Town of _____or
City of Spokane

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-a Registered No. 289

(For use of Local Registrar)

(No. 355 Farley St.; _____ Ward)

(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 Parents Married?

(7) DATE OF

BIRTH 6 9 1929

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER

R. D. HippCity(11) AGE AT LAST BIRTHDAY 33 (Years)N.C.Carpenter1

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

Mary E. ThompsonCity(17) AGE AT LAST BIRTHDAY 33 (Years)N.C.Housewife1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 10:30 M., on the date above stated. (Born alive or stillborn) (Sign A.M. or P.M.)

(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

7-1-291929

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 28th month of pregnancy.