

(1) PLACE OF BIRTH

County

Township of

Inc. Town of

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

No. 13456

13456

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

(3) SEX

Male

(4) Twin or Triplet

No

(5) Number in order of birth

One

(6) Age

23

(7) DATE OF BIRTH

Feb 16 23

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER

Alfred Blackwell

McBee SC

C

23

SC

Farming

1

MOTHER

Leila Dawell

McBee SC

C

17

Calden

Chumpus Co

Hamwork

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

19

(29)

Local Registrar

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