

(1) PLACE OF BIRTH

County of WayneTownship of Wayneor
Inc. Town ofor
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

22570

Registration District No. 4-100-0 Registered No. 74

(For use of Local Registrar)

(No. St.; Ward)

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

2) Full Name of Child

BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
				(Name of Month) (Day) (Year)

FATHER

FULL NAME

PRESENT POSTOFFICE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Wayne, M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witnesses

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

(27) Filed Jan 27 1923

(28)

Local Regy

Registrar

If no attending physician or midwife, then the father, householder, etc., should make this report as soon as possible, but not later than the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.

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.