

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA

Township of

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

50497

Inc. Town of

Registration District No. 4005

Registered No. 17

(For use of Local Registrar)

City of

(No.)

St.:

Ward:

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

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Still Camel

(9) PRESENT POSTOFFICE OF FATHER

Pauline S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Laurens Co S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Leter

(15) PRESENT POSTOFFICE OF MOTHER

Pauline S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Union Co S.C.

(19) OCCUPATION

Housework

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

6

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

Normal

110

(23) (Signature)

Harriet Camel

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

Midwife

Pauline S.C.

Given name added from a supplemental report

(26) Witness

Mrs J. C. White

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

(27) Filed

11/11

(28)

Local 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.