

(1) PLACE OF BIRTH

County of

*Newberry*

Township of

In the State of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19510

Registration District No. *34-A* Registered No. *84*

(For use of Local Registrar)

City of *Newberry* (No. .... St. .... Ward) ... are in a hospital or other institution, give name of same instead of street and number.)Full Name of Child *Pauline Grizzle* ... If child is not yet named, make supplemental report as directed

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(22) 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 *Alive* at *11:00* P.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

(26) Witness

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

(27) Date

(28) Local Registrar

When name added from a supplemental report

181

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 fifth month of pregnancy.

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