

(1) PLACE OF BIRTH

County of SpokaneTownship of North

In 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

File No.—For State Registrar Only

32194

Registration District No. 4000Registered No. 46

(For use of Local Registrar)

Full Name of Child.....

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

SEX OR
GENDER(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

(1) DATE
BORN(2) PRESENT
POSTOFFICE
ADDRESS(3) COLOR
OR
RACE

(4) BIRTHPLACE

(5) OCCUPATION

(6) Number of children born to
mother including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 White at 11 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

Name added from a supplement-
al report

191....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by male)(27) Filed 4/23/1912

(28)

Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If
brothers even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.