

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
18632

County of St. Lawrence
Township of Lake
or
Inc. Town of.....
or
City of

Registration District No. 2019 Registered No. 50
(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 Blindus Eliz. Hanna If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?	4) Twin or Triplet?	5) Number in order of birth
To be answered only in event of Twins or Triplets		

(6) Are
Parents Yes
Married Yes

(7) DATE OF
BIRTH June 24, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER

51 FULL NAME Luisa Thuma

(14) NAME BEFORE MARRIAGE: Elizabeth G. Smith

9) PRESENT POSTOFFICE OF FATHER Leo De R.

(15) PRESENT POSTOFFICE OF MOTHER Los Angeles, CA

10) COLOR OR RACE *Mexican* (11) AGE AT LAST BIRTHDAY *27*
(Years)

(16) COLOR OR RACE *black* (17) AGE AT LAST BIRTHDAY *39*
(Year)

12 BIRTHPLACE 19

(18) BIRTHPLACE

17 OCCUPATION

(19) OCCUPATION

20 Number of children born to mother, including present birth 14

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(28) (Signature) L. S. ...
 (29) State whether Physician or Midwife _____
 (30) Address of Physician or Midwife _____

Given name added from a supplement-
tal report

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

(27) Recd 3/6/19 (28) Local Registrar.

*When there was 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.