

(1) PLACE OF BIRTH

County of Cherokee

Township Greenbush

or
The Term of

INC. TOWN OF

City of
(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1962

Registered No. 42

(For use of Local Registrar)

St. Ward)

File No.—For State Registrar Only

799

(2) Full Name of Child.

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

(1) BOY OR GIRL *20*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH—

(Name of Month) (Day) (Year)

FATHER

(S) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR 100

(ii) AGE AT LAST BIRTHDAY -

25
(Year)

BIRTHPLACE

(11) OCCUPATION

(10) Number of children born to mother (including present birth)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Christina at 11:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

103) - (Signature)

State whether Physician or Midwife

P. I. Smith

Given Name added from a supplemental report

(36) Witness

(Signature of Witness necessary only when question 32 is signed by mark)

(27) Filed.

102-1-10

(25) 131. J. A. 24248. K. Local Registrar

Local Registrars

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.

When there was no attending physician or midwife, then the father, householder, or some person capable of doing so, must report the death of a child. 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.