

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

File No. — For State Registrar Only

37122

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No. 178
(For use of Local Registrar)

No. Sc.; Ward

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

(7) DATE OF

BIRTH Nov 19 1922
(Name of Month) (Day) (Year)

MOTHER

NAME BEFORE

MARRIAGE

PRESENT

POSTOFFICE

OF MOTHER

COLOR

OR

RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother

now living, including present birth

Number of children born to

mother, including present birth

Number of children of this mother

now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(27) Date

Nov 21 1922

(28) Local Registrar

Local 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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