

(1) PLACE OF BIRTH

County of Colleton

Township of Bees

or

Inc. Town of

or

City of

(If birth occurs in a hospital or

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

41829

(No. St.; Ward)
(Institution, give name of same instead of street and number.)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>0</i>	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 9 1942</i> (Name of Month) (Day) (Year)
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2

MOTHER.

(14) NAME BEFORE MARRIAGE *Velma Hallway*

(15) PRESENT POSTOFFICE OF MOTHER *Reefers S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Yours)

(18) BIRTHPLACE *Colleton*

(19) OCCUPATION *Iron Housewife*

(21) Number of children of this mother now living, including present birth { *6*

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

(23) (Signature) <u>Carlynn Brown</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>Midwife</u>	<u>1000 S. C.</u>

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

(27) Filed 7/11/1963 (28) 10/15/1963
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.