

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32900

(1) PLACE OF BIRTH

County of Anderson
Township of Rocky Spring
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 216 Registered No. 115
(For use of Local Registrar)

(No. St. C. Perkins St.; Ward)

(2) Full Name of Child

H. C. Perkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH September 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Perkins
(9) PRESENT POSTOFFICE OF FATHER Sumner
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 28
(Year)
(12) BIRTHPLACE Wichfield
(13) OCCUPATION Accounting

MOTHER.

(14) NAME BEFORE MARRIAGE Rebena Brown
(15) PRESENT POSTOFFICE OF MOTHER Sumner
(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 25
(Year)
(18) BIRTHPLACE Wichfield
(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth Three 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. C. Perkins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumner

Given name added from a supplemental report

(26) Witness Mattha C. H. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 15 1920 (28) H. C. Perkins 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.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS AN INDISPENSABLE RECORD, AND MUST BE
N. B. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.