

## (1) PLACE OF BIRTH

County of ColumbiaTownship of Saludaor  
City of .....or  
City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

24088

Registration District No. .... Registered No. 1401.....  
(For use of Local Registrar)

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

(2) Full Name of Child Earl D. Givens (If child is not yet named, make supplemental report as directed)(3) SEX OR  
GIRL  
(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet  
(5) Number in  
order of birth  
4  
(6) Age  
Months  
7  
(7) DATE OF  
BIRTH  
(Name of Month) (Day) (Year)  
April 23FATHER  
(8) FULL  
NAME  
David Givens  
(9) PRESENT  
POSTOFFICE  
OF FATHER  
Buffum  
(10) COLOR  
OR  
RACE  
White  
(11) BIRTHPLACE  
Rock Hill  
(12) OCCUPATION  
Business  
(13) Number of children born to  
father, including present birth  
4MOTHER  
(14) NAME BEFORE  
MARRIAGE  
Ruth Brockman  
(15) PRESENT  
POSTOFFICE  
OF MOTHER  
Buffum  
(16) COLOR  
OR  
RACE  
White  
(17) AGE AT LAST  
BIRTHDAY  
48  
(18) BIRTHPLACE  
Rock Hill  
(19) OCCUPATION  
Housewife  
(21) Number of children of this mother  
now living, including present birth  
4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Janie Laney

Given name added from a supplement-  
tal reportJanie LaneyOct 22 19 23  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed

19

(28)

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.