

MADE BY THE STATE OF SOUTH CAROLINA FOR THE PURPOSE OF REGISTERING BIRTHS OF CHILDREN BORN IN THE STATE OF SOUTH CAROLINA. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, OR OTHER PERSON HAVING KNOWLEDGE OF THE BIRTH OF THE CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, COUNTY CLERK, OR OTHER OFFICIAL CHARGED WITH THE DUTY OF REGISTERING BIRTHS. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR, COUNTY CLERK, OR OTHER OFFICIAL CHARGED WITH THE DUTY OF REGISTERING BIRTHS. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR, COUNTY CLERK, OR OTHER OFFICIAL CHARGED WITH THE DUTY OF REGISTERING BIRTHS.

(1) PLACE OF BIRTH  
 County of Bamberg  
 Township of Burford Bridge  
 or  
 Inc. Town of Bamberg  
 or  
 City of Bamberg (No. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
276

Registration District No. 461 Registered No. 5  
 (For use of Local Registrar)

St. .... (No. .... Ward)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/21/1912  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Louis Bloom  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg, S.C.  
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lily Stitt  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg, S.C.  
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farmer and Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blacksburg, Mass.

Given name added from a supplemental report

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

(27) Filed Feb. 10 1913 (28) J. E. Bennett 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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