

(1) PLACE OF BIRTH

County of Union S.C.
 Township of Danville S.C.
 or
 Inc. Town of York
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32564

Registration District No. 4-2-4-4 Registered No. 25
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3) BOY OR GIRL	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME	10) AGE AT LAST BIRTHDAY		14) NAME BEFORE MARRIAGE	16) AGE AT LAST BIRTHDAY
9) PRESENT POSTOFFICE OF FATHER	(Years)		15) PRESENT POSTOFFICE OF MOTHER	(Years)
10) COLOR OR RACE	11) BIRTHPLACE		16) COLOR OR RACE	17) BIRTHPLACE
12) BIRTHPLACE			18) BIRTHPLACE	
13) OCCUPATION			19) OCCUPATION	
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (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.

19 (27) Filed (28) Local Registrar

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MEAGAN OF COLUMBIA, COLUMBIA, S. C.