

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Anderson
 Township of Liberty
 Inc. Town of _____
 City of _____

Registration District No. 3107
 Registered No. 13
 (For use of Local Registrar)

(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 <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 4</u> 19 <u>28</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	--	--

FATHER

(8) FULL NAME Robert Bruce
 (9) PRESENT POSTOFFICE OF FATHER Liberty
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Anderson, S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Martha
 (15) PRESENT POSTOFFICE OF MOTHER Liberty
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Anderson, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.