

MARGIN RESERVED FOR BINDER.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Westchester
Township of High
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3675

Registration District No. 1302 Registered No. P
(For use of Local Registrar)

(2) Full Name of Child Robert Natheaux (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
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: Feb. 16, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Natheaux
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 22
(Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Turnage
(15) PRESENT POSTOFFICE OF MOTHER Fatrick K.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 338 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ed. Funderburk M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Thorp Charleston

Given name added from a supplemental report

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

(27) Filed Mar. 10, 1932 (28) J. A. Davis
Registrar. 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.