

(1) PLACE OF BIRTH

County of MarionTownship of Fountain

Inc. Town of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2206No. 21192 — For State Registrar Only

21192

Registered No.
(For use of Local Registrar)

St. Ward)

If child is named, make

Appropriate report as directed

(3) BOY OR GIRL

(4) Twin or Triple

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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 M., on the date above stated. (If stillborn, mark with X)

(23) (Signature)

(24) State

(25) (Signature)

(26) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

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

(27) Filed

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(29)

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.