

## (1) PLACE OF BIRTH

County of *Micou*

Township of .....

or  
Inc. Town of .....or  
City of *Micou*

(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 HealthRegistration District No. *42*

File No. — For State Registrar Only

*22791*Registered No. *114*

(For use of Local Registrar)

## (2) Full Name of Child

3. BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. BIRTHPLACE

12. OCCUPATION

20. Number of children born to mother, including present birth

## FATHER

*Frederick Bailey**Micou SC**22**Washington Co NC**Will Employee**1*

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(21) Number of children of this mother now living, including present birth

*Yvonne Harris**Micou SC**19**Micou Co SC**Domestic**1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(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 22 is signed by mark)

(27) Filed

*8 10 23*

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.