

(1) PLACE OF BIRTH

County of HighlandTownship of LowndesInc. Town of Easton

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3773

File No. For State Registrar Only

2397

Registered No. 13

(For use of Local Registrar)

(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) SOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in

order of birth

To be answered only in event of Twin or Triplet

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Name Month Day Year)

FATHER.

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(18) BIRTHPLACE

(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 ... born alive or stillborn (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Adeline W. Johnson

(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 25 is signed "stillborn")

(27) Filed

1/27

(28)

S. A. Terrell

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.