

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

8469

Registration District No. 3303

Registered No. 4

(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.

Full Name of Child Isabelle M. M. If child is not yet named, make supplemental report as directed.

(4) Twin or Triplet? (6) Number in order of birth 2 (8) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22 1922 (Name of Month) (Day) (Year)

FATHER.

Benjamin M. M.

Blanch M. M.

(11) AGE AT LAST BIRTHDAY 29 (Year)

Negro

M. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

F. M.

MOTHER.

(14) NAME BEFORE MARRIAGE Annie M. M.

(15) PRESENT POSTOFFICE OF MOTHER Blanch M. M.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE M. M.

(19) OCCUPATION F. M.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1922 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. M. (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Name added from a supplemental report

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

(27) Filed Jan 25 1922 (28) Local Registrar

There was no attending physician or midwife when 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.

Registrar Only

Registrar

Ward

ed, make

directed

22

(Year)

w. M.

to

(Year)

P. M.

(Hour A. M. or P. M.)

F. M.

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