

(1) PLACE OF BIRTH

County of Delaware
 Township of Georgetown
 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

3614

Registration District No. 1870

Registered No. 8
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Bonafide..... { If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL <i>Boy</i>	(4) Twins or Triplets To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>June 6 1973</i> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME	<i>Arthur D. Dugloo</i>	(14) NAME BEFORE MARRIAGE	<i>Bessie Dugloo</i>
(3) PRESENT POSTOFFICE OF FATHER	<i>See Hill</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>See Hill</i>
(16) COLOR OR RACE	<i>Negro</i>	(16) COLOR OR RACE	<i>Negro</i>
(17) AGE AT LAST BIRTHDAY	<i>38</i>	(17) AGE AT LAST BIRTHDAY	<i>31</i>
(18) BIRTHPLACE	<i>S. C.</i>	(18) BIRTHPLACE	<i>S. C.</i>
(19) OCCUPATION	<i>Farmer</i>	(19) OCCUPATION	<i>Home wife</i>
(20) Number of children born to mother, including present birth	<i>5</i>	(21) Number of children of this mother now living, including present birth	<i>5</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Don Allen at 105 M.
on the date above stated.

(20) (Signature)

(34) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(87) File

19
Registriert

*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.