

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT EACH CHILD, and make the
FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.
BUREAU OF STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of North
or
Inc. Town of.....
City of.....

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

File No.—For State Registrar Only
2210

Registration District No. 3612 Vol. 3 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.

(2) Full Name of Child Clara Alice If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth..... (6) Are Parents Married? Yes (7) DATE OF BIRTH.....
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Clara Alice</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Rous</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bourneville S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bourneville S C</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Orlando</u>	(18) OCCUPATION <u>Labourer</u>	(18) BIRTHPLACE <u>Orlando</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Clara Alice
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Bourneville S C
Given name added from a supplemental report.....
(26) Witness.....
(27) Filed.....
(28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.