

37058

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

Registration District No. 36A2 Registered No. 32  
(For use of Local Registrars)

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 George Philip Rant If child is not yet named, make

(1) SEX OF CHILD <i>Boy</i>	(2) Type of Trauma <i>To be answered only in event of Trauma or Injury</i>	(3) Chapter in order of birth	(4) Sex of Parent <i>yes</i>	(5) DATE OF BIRTH <i>Sept 15 1960</i>
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FATHER.  
J. C. Rast

CONFIDENTIAL  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION  
SCHEDULE

Bouman SC

(10) COLOR OF HAIR *White* (11) AGE AT LAST BIRTHDAY *34*

100-443888-100

Hanna

(20) Number of children born to mother, including present birth 19

NOTING.

(10) NAME BEFORE  
SIGNATURE *Florida Bank*

(70) **CHIEF OF POLICE** *Bentley - S.C.*

(16) COLOR OF HAIR *White* (17) AGE AT LAST OBSERVATION *32*

(14) DATE PLACED 02/09/00

THE OCCUPATION Homemaker

(7) Number of children of this mother 1.5

**CERTIFICATE OF ATTENDING PHYSICIAN OF MINORS**

(20) I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated. 5-8-64

(28) (Signature) A. L. Black Inc.

(24) State of <u>Illinois</u> Physician or Midwife <u>Phyllis</u>	(25) Address of Physician or Midwife <u>Peoria, IL</u>
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(Given name added from a supplemental report)

(20) Witness .....  
(Signature of Witness necessary only  
when question 13 is signed by mark)

(27) *Dec 8* 1928. *W. N. Patrick*

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.