

Hawin - Emily Sue
W. S.

12-1-43

Clarenow Co

1-17-22 Vol 5 # 3738

FILE No.—For State Registrar Only

1. PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No.

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD

(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <i>girl</i>	If Plural birth	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature Full term.....	7. Are Parents Married? /.....	8. Date of birth 19..... (Month, day, year)	
9. Full name: FATHER				18. Full maiden name: MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State).....				19. Residence (usual place of abode) (If non-resident, give place and State).....			
11. Color or race.....		12. Age at last birthday..... (years)		20. Color or race.....		21. Age at last birthday..... (years)	
13. Birthplace (city or place) (State or country).....				22. Birthplace (city or place) (State or country).....			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....			
16. Date (month and year) last engaged in this work 19.....				17. Total time (years) spent in this work 19.....			
25. Date (month and year) last engaged in this work 19.....				26. Total time (years) spent in this work 19.....			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....							
28. If stillborn, period of gestation months weeks			29. Cause of stillbirth.....				
			Before labor.....				
			During labor.....				

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) *[Signature]* M.D.

or *[Signature]* Midwife

Given name added from a supplemental report

(Date of)

Address: *[Address]*

Filed: *[Signature]* 19 *43* ~~by A. Wood~~

Registrar.

[Signature] Martin B. Woodward, M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)