

Harwin - Emily Sue  
W. S.

12-1-43

Charmelow Co

1-17-22 Vol 5 # 3738

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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)

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)

Ward

2. FULL NAME OF CHILD

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

3. Boy or Girl ☒ Girl 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..... 17. Total time (years) spent in this work..... 25. Date (month and year) last engaged in this work..... 26. Total time (years) spent in this work.....

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, 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) ..... M.D.

or ..... Midwife

Given name added from a supplemental report (Date of) .....

Address.....

Filed..... 19 43

Registrar.

Martin B. Woodward, M. D.