

County of
 Township of
 Sec. 7
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 City of

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

185751

Registration District No. 2001 Registered No. 599
(For use of Local Registrar)

(No. St.; Ward)

2) Full Name of Child

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

4) Twin or Triplet? (5) Number in order of birth

To be answered only in event of Twins or Triplets

(8) Are Parents Married? *21*

7) DATE OF BIRTH June 15, 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE

James Marshall

7) PRESENT
POSTOFFICE
OF FATHER

(15) PRESENT
POSTOFFICE
OF MOTHER

Penetration

13) COLOR OR RACE _____

14) AGE AT LAST BIRTHDAY 41 (Years) _____

(16) COLOR
OR
RACE

(17) AGE AT LAST BIRTHDAY.....21.....
(Years)

12 BIRTHPLACE

(18) BIRTHPLACE

17 OCCUPATION

19) OCCUPATION

Number of children born to
Name: _____

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(29) I hereby certify that I attended the birth of this child, who was _____
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(b)(6) **Witness**

(Signature of Witness necessary only
when question 22 is signed by mark)

Filed

June 13, 1977 (25)..... 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.