

## (1) PLACE OF BIRTH

County of LEXINGTONTownship of WIL SWAMPor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. ....

File No.—For State Registrar Only

43468

Registered No. 127  
(For use of Local Registrar)

St.; ..... Ward)

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

## (2) Full Name of Child

John Harley(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH..... 19.....  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RAVE(11) AGE AT LAST  
BIRTHDAY.....

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY.....

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed ..... 19..... (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 not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.\*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.MARRIAGE LICENSES AND BIRTH RECORDS ARE KEPT IN A PERMANENT RECORDS  
SECTION. IN CASE OF TWIN CHILDREN, THE FIRST-BORN IS LISTED FIRST, AND THE SECOND-BORN SECOND.  
N. B.—In case of TWIN CHILDREN, THE FIRST-BORN IS LISTED FIRST, AND THE SECOND-BORN SECOND.  
N. B.—In case of TWIN CHILDREN, THE FIRST-BORN IS LISTED FIRST, AND THE SECOND-BORN SECOND.