

(1) PLACE OF BIRTH

County of *McCormick*Township of *Residence*

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4501*Registered No. *36*

(For use of Local Registrar)

File No. - For State Registrar Only

8407(2) Full Name of Child *Yvette Mae P...*(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 27 22*

(Name of Month) (Day) (Year)

(8) FULL NAME *Nathaniel Polly*(9) PRESENT POSTOFFICE OF FATHER *McCormick*(10) COLOR OR RACE *Blk*(11) AGE AT LAST BIRTHDAY *21*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*

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

(14) NAME BEFORE MARRIAGE *Martha Moore*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Blk*(17) AGE AT LAST BIRTHDAY *20*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*

(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 *alive* on the date above stated. (Born alive or stillborn) (Date P. M. or P. M.)(23) (Signature) *B. A. Matheson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

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

(27) *Marie* (28) *B. A. Matheson* 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.