

(1) PLACE OF BIRTH

County of Chatham
 Township of
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
42682

Registration District No. 42-2 Registered No. 12345
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) BOY OR GIRL? Y (2) Twin or Triplet? 1 (3) Number in order of birth 12 (4) Are Parents Married? Y (5) DATE OF BIRTH 9 14 1923
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME William C. ...
 (7) PRESENT POSTOFFICE OF FATHER ...
 (8) COLOR OR RACE W (9) AGE AT LAST BIRTHDAY 35 (Year)
 (10) BIRTHPLACE ...
 (11) OCCUPATION ...

MOTHER.

(12) NAME BEFORE MARRIAGE Emma ...
 (13) PRESENT POSTOFFICE OF MOTHER ...
 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 40 (Year)
 (16) BIRTHPLACE ...
 (17) OCCUPATION ...

(18) Number of children born to mother, including present birth 1 1 2

(19) Number of children of this mother now living, including present birth 1 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at 12 5 P. M.,
 on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)

(21) (Signature) ...

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed

10-4

(26)

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(27)

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(28)

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(29)

10-4

(30)

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.

Supplementary report ...
 (Date of) 3-27-44
 State Registrar

Address

Filed 3-27

1944

Thos. J. ...

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