

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity of *Spotts*If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. *298 College* St.; Ward)

(2) Full Name of Child

File No.—For State Registrar Only

2434

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-A*Registered No. *20*

(For use of Local Registrar)

(3) SOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

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

FATHER.

MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was at *1* 20 M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

Martin B. Woodward, M.D.
State Registrar(26) Filed *2-1-22* 19 *22* 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.

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MARGIN RESERVE—DO NOT WRITE IN THIS SPACE. IF A SUPPLEMENTAL REPORT IS MADE, IT MUST BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, WITH THE ORIGINAL REPORT. NO. 1, THIS OFFICE, NO. 2, ETC., IN QUANTITY 6.