

(If birth occurs in 8, 1944-1945)

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

File No. — For State Registrar Only
50614

(No.) St. Ward
other institution, give name of same instead of street and number.)

It should be noted that the material is not yet finalized, and the material is still in the process of being reviewed.

(3) BOY OR GIRL? <u>2</u>	(4) Twin or Triplet? <u>2</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) Month of Birth <u>Feb</u>	(8) Day of Birth <u>9</u>	(9) Year of Birth <u>1941</u>
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<p>IN NC 8-10-1968</p> <p>WATERBURY</p>	<p>MOTHEM</p>
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(8) FULL NAME Josephine (14) NAME BEFORE MARRIAGE Quinn

(9) PRESENT POSTOFFICE

(10) COLOR _____ (11) AGE AT LAST BIRTHDAY _____ (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY _____ (Years)

OR RACE	(Years)	(15) BIRTHPLACE
(12) BIRTHPLACE		

(P) OCCUPATION *Domestic*

(13) OCCUPATION _____

(30) Number of children born to mother, including present birth	(31) Number of children now living, including present birth
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CERTIFICATE OF ATTENDING PHYSICIAN
 (22) I hereby certify that I attended the birth of this child, who was female at 8
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)
Malcolm Lillian

(43) (Signature) _____

(3d) State whether Physician or Midwife

Given name added from a supplement-
tal report

(30) Witness (Signature of Witness necessary only
when question 33 is signed by mark)

FILED 7-27-63 (28) 63

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. No report is desired of stillbirths before the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.