

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

File No.—For State Registrar Only

8278

County of Ball
Township of J. A. Miller
or
Inc. Town of
or
City of St. Paul

Registration District No. 5

Registered No. 21
(For use of Local Registrar)

(No. St.; Ward
 of some instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH April 16 1924
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(11) AGE AT LAST BIRTHDAY

121 BIRTHPLACE

13. OCCUPATION

20) Number of children born to mother including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY...

(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 _____
on the date above stated. *E. H. H.*

DR. MIDWIFE*
 *Alive* at *12* M.,
 (Dead, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician

Address of Physician or Midwife

Given name added from a supplement
al report

(20) **Witness**

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

(27) File

Feb. 27. 1922

(28). E. C. C. C. C.
Local Registrar

19...
Registrar

(27) Filed Feb 27 1927 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.