

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 2400

Registered No. **42**

(For use of Local Registrar)

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

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

(4) Twin  
or triplet?

(3) Number in series of 1-10 **6**

(5) Are Parents Married? 10

7) DATE OF BIRTH June 26

**MOTELER.**

(15) PRESENT POSTOFFICE *San Carlos*

(16) COLOR OR (17) AGE AT LAST

(18) BIRTHPLACE Wash D.C.

19) OCCUPATION

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vi) Number of children of this mother

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was born at 2 Wife  
on the date above stated.

(28) (Signature) W. Love

(24) State whether Physician or Midwife | (25) Address of Education

Given name added from a supplemental report

(25) Witness Mr. Mc Wright 8

(Signature of Witness necessary only  
when question 32 is signed by mark)

(ST) Filed 7-14-1981 (28) *DeHaven*

(28) *De H. H. C. van Lee*

\*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.