

(1) PLACE OF BIRTH

County of Rowan
 Township of Rowan
 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

13702

Registration District No. 400 Registered No. 77
 (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 John M. M. M. (If child is not yet named, make supplemental report as directed)

(3) ☒ GIRL (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 0 17 22
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME _____
 (9) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY _____ (Years)
 (12) BIRTHPLACE _____
 (13) OCCUPATION _____
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Virgie Mitchell
 (15) PRESENT POSTOFFICE OF MOTHER Rowan S.C.
 (16) COLOR OR RACE C.R. (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Evergreen Ala
 (19) OCCUPATION Student
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. M. M.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rowan

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 0 19 22 (28) John C. Carter 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.