

It is to be used in cases of TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, and must be
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">40128</div>	
County of <u>Fairfield</u>		Registration District No. <u>6</u>		Registered No. <u>5</u>	
Township of <u>6</u>				(For use of Local Registrar)	
Inc. Town of <u>6</u>					
City of <u>Ridgeway</u>		(No. <u>6</u> St. <u>6</u> Ward <u>6</u>)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Willie Bramham</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</u>	(4) Type of Toilet <u>To be answered only in event of Toilet or Toilet</u>	(5) Number in order of birth	(6) Age at Birth <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 21</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Johnie Bramham</u>			(9) NAME BEFORE MARRIAGE <u>Karah Moore</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Ridgeway S. C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Ridgeway S. C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(16) BIRTHPLACE <u>Fairfield County</u>			(17) BIRTHPLACE <u>Fairfield County</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Dec. 21</u> <u>Alive</u> (Born alive or stillborn) (M. or F. M.)					
(23) (Signature) <u>Mary Williams Richards</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness <u>Pauline Hunter</u> (Signature of Witness necessary only when question 22 is signed by mother)		
			(27) Filed <u>27</u> <u>Dec</u> 19 <u>22</u> (28) <u>Pauline Hunter</u> Registrar 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.