

PLACE OF BIRTH

County of HorryTownship of Quincy

City of _____

Incl. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42839

Registration District No. 2010Registered No. 83

(For use of Local Registrar)

Full Name of Child Harold MarkhamIf child is not yet named, make
supplemental report as directed.BOY OR
GIRL? boy(4) Twin
or Triplet?(5) Number in
order of birth(6) AN
PATENT
MOTHER?(7) DATE OF
BIRTH(Name of Month) Dec1319

FATHER

FULL
NAMERuss MatthewsPRESENT
POSTOFFICE
OF FATHERPawnee SC

COLOR

FACE

HAIR

EYES

TEETH

OCCUPATION

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

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FATHER

MOTHER

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6
on the date above stated.

(3) Signature

(4) State whether Physician or Midwife

(5) Address of Physician or Midwife

Pawnee SCIf no name added from a supplement-
tal report

(6) Witness

(Signature of Witness necessary only
when question 2 is signed by guest)

(7) Filed

(8) Date

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