

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Only

26422

Registration District No. 2209B

Registered No. 277

(For use of Local Registrar)

St.; (Ward)

or other institution, give name of same instead of street and number.)

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

Full Name of Child

Baby Victoria

Sex

Age

(5) Number in order of birth

(6) Age

(7) DATE

BIRTH

Name of Month (Day) (Year)

FATHER.

James Edgar Vickery

MOTHER.

Dorothy O'K

AGE AT LAST BIRTHDAY

(Years)

RACE

BIRTHPLACE

Vickery

Mile Operator 2

Number of children born to mother

including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed (28) Local Registrar

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

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