

## (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

31580

County of AndersonTownship of Broadway

Inc. Town of .....

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 301 Registered No. 41

(For use of Local Registrar)

St. .... Ward)

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

(2) Full Name of Child LeLarner Cecil George

(3) BOY OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF FATHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE (19) OCCUPATION

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

MOTHER. (14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

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

(27) Filed (28) Local Registrar

Given name added from a supplemental report

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.

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