

(1) PLACE OF BIRTH

County of Orangeburg

Township of Lincolnton

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

5307

Registration District No. 2611 Registered No. 3
(For use of Local Registrar)

City of

St.; (For use of Local Registrar)

Ward

Full Name of Child Not named If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY GIRL 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.

(8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE (13) OCCUPATION

(14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 (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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/31 1912 (28) Local Registrar

Given name added from a supplemental report

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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.

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Registrar

MARGIN RESERVED FOR BINDING. FORM NO. 7. WHITE PLAINES, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ADD THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.