

(1) PLACE OF BIRTH

County of ShoahioTownship of Buffaloor
Inc. 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

30841

Registration District No. 1700 Registered No. 119

(For use of Local Registrar)

(No. St. Ward)

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

2) Full Name of Child

(3) BOY OR GIRL Girl(4) Twin or Triplet? ☒(5) Number in order of birth 1
(To be numbered only in event of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH 11 11 19
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Jasa Huntington(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Kershaw S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pearlie Knight(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Kershaw S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was hospital, at 2-30-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when Section 20 is signed by nurse)

(27) Filed SEP (28) [Signature] 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.

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