

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19329

County of

Township of

85

INC. TOWN OF.....

or

City of

(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 Miss Anna B. B. B. If child is not yet named, make supplemental report as directed

3 BOY OR
GIRL?

4) Twin
or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH April.....17.....1922
(Name of Month) (Day) (Year)

FATHER.

E FULL
 NAME

3 PRESENT
POSTOFFICE
OF FATHER

10. COLOR
GR
BASE

12 BIRTHPLACE

13 OCCUPATION

(11) AGE AT LAST BIRTHDAY

(Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY...

Yes

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, at 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

Given name added from a supplemental report

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

(27) Filed June 23 1923, (28) Wilson, Chas
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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