

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

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

Registration District No. 30.7

Registered No. 1352
(For use of Local Registrar)

31631

(2) Full Name of Child

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

(3) SEX OR
GIRL(4) Type
or Name(5) Number in
order of birth(6) Age
at birth(7) DATE OF
BIRTH

(8) (Name of Month) (Day) (Year)

(9) FULL
NAME

John Howard Villian

(10) NAME BEFORE
MARRIAGE

Sarah Mae Coleman

(11) PRESENT
POST OFFICE
OF FATHER

Touma Paltr

(12) PRESENT
POST OFFICE
OF MOTHER

Touma Paltr

(13) COLOR
OF
FACE

White

(14) AGE AT LAST
BIRTHDAY

24

(15) COLOR
OF
FACE

White

(16) AGE AT LAST
BIRTHDAY

23

(17) BIRTHPLACE

M. C. Howell Co. N.C.

(18) BIRTHPLACE

Ciberville County

(19) OCCUPATION

Farmer

(20) OCCUPATION

Domestic

(21) Number of children born to
mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was... alive... on the date above stated. (24) (Signature) (25) Date whether Physician or Midwife (26) Address of Physician or Midwife

(27) (Signature)

(28) Date whether Physician or Midwife

(29) Address of Physician or Midwife

Given name added from a supplement-
tal report

(30) Witness

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

(31) Signed

(32) Date

(33) 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.

A. A. UNION REGISTERED FROM 1900 TO 1901

Before the fifth month of pregnancy

moo