

BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12926

Registration District No. 400

Registered No. 78  
(For use of Local Registrar)(No. St. Ward)  
occurs in a hospital or other institution Give name of same instead of street and number.of Child William Klaus If child is not yet named, make supplemental report as directed

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

Walter KlausDecember

(11) AGE AT LAST BIRTHDAY

(Years)

BraunbergGermanChildren born to  
ing present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was born at 5 A M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

And from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

1923

(28)

Local Registrar.

If no attending physician or midwife, then the father, householder, etc., should make this return. If even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.