

(1) PLACE OF BIRTH

County of SumterTownship of 11or  
Inc. Town of 11or  
City of 11

(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. 22755Registered No. 71

(For use of Local Registrar)

Registration District No. 71Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Martha Louise(3) MALE  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 10 30 M.  
on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(24) Witness

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

(25) Filed

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(26)

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.