

(1) PLACE OF BIRTH

County of HambletonTownship of 15In Town of MonticelloCity of 500

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

28240

Registration District No. 16Registered No. 27

(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

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

(3) BOY OR GIRL 13

(4) Twin or Triplet

(5) Number in order of birth 3
To be answered only in event of Twin or Triplet(6) Are Parents Married 14(7) DATE OF BIRTH 22. 10. 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam A. Day(9) PRESENT POSTOFFICE OF FATHER Monticello(10) COLOR OR RACE 1(11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Ja(13) OCCUPATION Manager of Public House

MOTHER.

(14) NAME BEFORE MARRIAGE Elle Johnson(15) PRESENT POSTOFFICE OF MOTHER Monticello(16) COLOR OR RACE 13(17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Se(19) OCCUPATION ref.(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 2

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) A. K. Riffe

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Stollen - Se

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 24. 10. 27 (28) C. J. O. L. L.

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.