

WRITING PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. H. McCRAW OF COLUMBIA, FIRST-BOOK, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Summerville (No. 48)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registration Only

4-2000

Registration District No. 2709

Registered No. 2709

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Any Previous Marriages

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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 born alive at Summerville on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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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