

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

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197

County of Anderson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Union

Registration District No. 300

Registered No. 5  
(For use of Local Registrar)

Inc. Town of

City of Union

No. 1 St. 1 Ward 1

(2) Full Name of Child James Kenneth

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Mar 26 1972  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME James Kenneth

(14) NAME BEFORE MARRIAGE John James

(9) PRESENT POSTOFFICE OF FATHER Union

(15) PRESENT POSTOFFICE OF MOTHER Union

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY (Years) 29

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY (Years) 27

(12) BIRTHPLACE So Cal

(18) BIRTHPLACE So Cal

(13) OCCUPATION College

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7

(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 John as John M. on the date above stated. (Born alive or stillborn) (Hon. A. M. or P. M.)

(23) Signature [Signature]

(24) State, Rank or Position Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

26 19 72 [Signature] 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.

When a baby, stillborn or live, is a permanent record, it is in case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the child's position, No. 1, first child, No. 2, etc., in question 5. REGISTRY OF BIRTHS, DEPARTMENT OF HEALTH, SOUTH CAROLINA, 1972