

MARGIN RESERVED FOR INDEXING
WHITE PLAIN, W.H. LEAVENWORTH, CHIEF OF STAFF, U.S. PUBLIC HEALTH SERVICE, AND THE STATE OF SOUTH CAROLINA, NO. 2, etc., in question 2
N.B.—In case of twin births, state which child is the first born.
X. N.B.—In case of stillbirths, state whether physician or midwife attended the birth.

State or County of residence, County, S.C.
Name of physician, midwife, or nurse attending the birth.

County of

Township of

or

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No.)

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

Registration District No. 5000-A

Registered No. 44

(For use of Local Registrar)

St. Ward)