

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH LEADING SPACES—THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 3

(1) PLACE OF BIRTH

County of DeWitt
 Township of North
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4453

Registration District No. Registered No.
 (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? | 4) Twin or Triplet? | 5) Number in order of birth | 6) Are Parents Married? | 7) DATE OF BIRTH |
| To be answered only in case of Twin or Triplet | | | | (Name of Month) Day Year |
| FATHER. | | | MOTHER. | |
| 8) FULL NAME | | | 14) NAME BEFORE MARRIAGE | |
| 9) PRESENT POSTOFFICE OF FATHER | | | 15) PRESENT POSTOFFICE OF MOTHER | |
| 16) COLOR OR RACE | 11) AGE AT LAST BIRTHDAY | | 16) COLOR OR RACE | 17) AGE AT LAST BIRTHDAY |
| 12) BIRTHPLACE | | Year | Year | |
| 13) OCCUPATION | | | 18) BIRTHPLACE | |
| 19) OCCUPATION | | | 19) OCCUPATION | |
| 20) Number of children born to mother, including present birth | | | 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 St. M.,
 on the date above stated. Born alive or stillborn Hour A. M. or P. M.)

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

Given name added from a supplement-
 tal report

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

(27) Signed H. L. 2.7.1923 (28) 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.