

(1) PLACE OF BIRTH

County of Myrtleboro
Township of Labron
or
Inc. Town of _____
or
City of _____

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

No. 18473 - For State Registrar Use

Registration District No. 33.4 Registered No. 12
(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 Not named (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Age Parents Married yes (7) DATE OF BIRTH July 29 1929
To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Clifton Sewey

MOTHER
(14) NAME BEFORE MARRIAGE Lella Perito

(9) PRESENT POSTOFFICE OF FATHER blis S.C.

(15) PRESENT POSTOFFICE OF MOTHER blis S.C.

(10) COLOR OR RACE Croatan (11) AGE AT LAST BIRTHDAY 23 (Year)

(16) COLOR OR RACE Croatan (17) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Labron on Farm

(19) OCCUPATION Labron

(20) Number of children born to mother, including present birth 2

(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 born at 100 M., on the date above stated. (Born at Stillborn (Hour M. P. M.))

(23) (Signature) John C. Brown, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife blis S.C.

Given name added from a supplemental report

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

(27) Filed July 29 1929 (28) W. D. ... 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.

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