

PLACE OF BIRTH

County of

Township of

or

Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14183-A

Registration District No. 4

Registered No. 218
(For use of Local Registrar)

St.; Ward)

(No. instead of street and number.)

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

Full Name of Child

SEX OR
GIRL?(4) Twin
or Triplet? X(5) Number in
order of birth 1(6) Are
Parents
Married Yes(7) DATE OF BIRTH May 12 1912
(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 27
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State of Physician or Midwife

(25) Address of Physician or Midwife

Use added from a supplemen-
tal report

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Registrar

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

(27) Filed Aug 9 1912

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If
the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.