

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of George  
 or  
 Inc. Town of St. George  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38148

Registration District No. 3 Registered No. 78  
 (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 Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 1, 1937  
 (Name of Mother (Day) Year)

## FATHER.

(8) FULL NAME Louis Joel  
 (9) PRESENT POSTOFFICE OF FATHER St. George S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION human oil mill  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Betha Senior  
 (15) PRESENT POSTOFFICE OF MOTHER St. George S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION domestic  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife name not known  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Mrs. R. S. Douglas  
Betty Jennings 19 ....  
 Registrar

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

(27) Filed 19 (28) Mrs. R. S. Douglas 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.

REMARKS: REBORN AND FETTERED. WITH UNPAID INCOME. IN THE STATE OF SOUTH CAROLINA, THE BUREAU OF VITAL STATISTICS, HAS THE HONOR OF RECEIVING THE FOLLOWING INFORMATION FROM THE REGISTRAR, AND MARK THE DATE OF RECEIPT. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, No. 2, etc., in question 3. W. B.—In case of TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, No. 2, etc., in question 3. M. B.—In case of TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, No. 2, etc., in question 3.