

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

2) Full Name of Child

File No.—For State Registrar Only

19528

Registered No.

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

SEX OF CHILD

Child

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Time of Month (Day) (Year)

FATHER.

(8) NAME

B. G. Franklen

(9) PRESENT POSTOFFICE OF FATHER

Newbury R7D 6

(10) COLOR OR RACE

Wht

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Newbury Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother including present birth

Four

MOTHER

(14) NAME BEFORE MARRIAGE

Augusta Pauline Dantzler

(15) PRESENT POSTOFFICE OF MOTHER

Newbury R7D 6

(16) COLOR OR RACE

Wht

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Orangeburg Co.

(19) OCCUPATION

Wht

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. H. May

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Newbury Co

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

June 31, 1952

(28)

R. M. Duckett

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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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 2.

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