

(1) PLACE OF BIRTH

County of Mayboro
Township of Chadsworth
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 3300 Registered No. 651
(For use of Local Registrar)

File No. For State Registrar Only
43698

(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) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH..... 19....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Yanzall Thomas
(9) PRESENT POSTOFFICE OF FATHER McLure S C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY..... 22....
(Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca King
(15) PRESENT POSTOFFICE OF MOTHER McLure S C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... 19....
(Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Home Help
(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..... at 10 A M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Dec 22 19 22 (28) A. L. Newton
Registrar 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.