

(1) PLACE OF BIRTH

County

Township

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28121

Registration District No. 1700

Registered No. 39
(For use of Local Registrar)

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

(2) Full Name of Child

Virgil Truckey

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

(3) Sex Boy (4) Twin or Triplet No (5) Number in order of birth 2nd (6) Age 20 (7) DATE OF BIRTH Sept 6, 29
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Josephine Haynes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness)

(27) Filed Sept 10, 29

(28) Local Registrar

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