

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

19342

County of

Township of

62

In. Town of.....

OF

Registration District No. 3008 Registered No. 440

(For use of Local Registrar)

City of (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 Mrs. Alice M. Wilson If child is not yet named, make supplemental report as directed

3. SEX OF CHILD *girl* 4. Twin or Triplet? ☐ 5. Number in order of birth *1* 6. Are Parents Married? *Yes* 7. DATE OF BIRTH *June 29, 22*
(Name of Month) (Day) (Year)

FATHER.

MOTHER

10 FULL NAME Harry Newsom

(14) NAME BEFORE MARRIAGE *Marie Tare*

9) PRESENT POSTOFFICE OF FATHER *4 C Bay St R2*

(15) PRESENT POSTOFFICE OF MOTHER *McGuire*

10) COLOR CR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(15) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY... *78* (Years)

12) BIRTHPLACE FC

(18) BIRTHPLACE SC

13) OCCUPATION *Teacher*

(19) OCCUPATION
Student

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 _____ at _____ M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report.

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

(27) Filed July 12 1922 (28) 14. 111 (Minn)
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.