

File No.—For State Registrar Only

County of Shane
Township of Middleton
or
Inc. Town of
or
City of

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

40179

Registration District No. 470

Registered No. 62
(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

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

(3) BOY OR GIRL?

(4) **Twin or Triplet?**

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE 0

BIRTH. (4/7/62) 1022
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(11) 0 AGE AT LAST BIRTHDAY 25

Sept 20

James

MOTHER

(14) NAME BEFORE MARRIAGE

(15) **PRESENT
POSTOFFICE
OF MOTHER**

(18) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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
on the date above stated.

(23) (Signature)

(24) State whether Physician or 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

(28)

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.