

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

AMENDED 1-1

JAN 5 1978

CERTIFICATE OF BIRTH

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

22 050290

rar Only

(1) PLACE OF BIRTH

County of Horry
Township of Greenville
or
Inc. Town of.....
or
City of Corina

Registration District No. 2506

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY or GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 5 1978
(Name of Month) (Day) (Year)

(8) FULL NAME Luther W. Shupps

(9) PRESENT POSTOFFICE OF FATHER Louis S.C. R3

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE Horry, Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE I Dell Suggs

(15) PRESENT POSTOFFICE OF MOTHER Louis S.C. R3

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Horry, Co. S.C.

(19) OCCUPATION Housewife

(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 Alive at 9 P. M., on the date above stated.
(If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Regina M. Suggs

(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife) Louis S.C. R3

Given name added from a supplemental report

(26) Witness Bobie Suggs

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

(27) Filed Jan 14 1978

(28) E. L. Suggs 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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