

(1) PLACE OF BIRTH
 County of ...
 Township of ...
 or
 Inc. Town of ...
 or
 City of ...
 (If birth in a hospital or other institution, give name of same instead of town or city.)
 (2) Full Name of Child Le. Frances Prouse

(3) SEX OR CHILD girl
 (4) DATE OF BIRTH Jan 2
 (5) TIME OF BIRTH yes
 (6) PLACE OF BIRTH home
 (7) NAME OF FATHER F. R. Le Grande Prouse
 (8) PRESENT ADDRESS OF FATHER Main St. Columbia, S.C.
 (9) COLOR OF SKIN white
 (10) AGE AT LAST BIRTH 27
 (11) BIRTHPLACE Columbia, S.C.
 (12) OCCUPATION Domestic
 (13) NUMBER OF CHILDREN OF THIS MOTHER 1
 (14) NAME OF MOTHER Le. Frances Prouse
 (15) ADDRESS OF MOTHER #2 College St. Bishopville, S.C.
 (16) COLOR OF SKIN white
 (17) BIRTHPLACE Columbia, S.C.
 (18) OCCUPATION Domestic
 (19) NUMBER OF CHILDREN OF THIS MOTHER 1
 (20) NAME OF MOTHER Le. Frances Prouse
 (21) ADDRESS OF MOTHER #2 College St. Bishopville, S.C.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was ...
 on the date above stated.
 (22) (Signature) R. M. ...
 (23) State whether Physician or Midwife
 (24) Address of Physician or Midwife

When added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Dec 3 19...
 (27) Registered
 If there was no attending physician or midwife, then the father, householder, etc., should make report as to whether or not the child breathes even once, it should not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

