

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

(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 Parent Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(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 born at _____ on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether 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) Local Registrar

(28)

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.

WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the
 McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

 CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

 File No.—For State Registrar Only
 63262
County of BerkeleyTownship of St. Stephens

Inc. Town of

City of

Registration District No. 705Registered No. 316

(For use of Local Registrar)

(2) Full Name of Child

Arnold Harper Cleveland

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 Parent Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arnold Cleveland

(9) PRESENT POSTOFFICE OF FATHER

Pineville, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

46 (Years)

(12) BIRTHPLACE

Berkeley Co.

(13) OCCUPATION

Farmer

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

10

(14) NAME BEFORE MARRIAGE

Idetha Crocker

(15) PRESENT POSTOFFICE OF MOTHER

Pineville, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Berkeley Co.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at _____ on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

D. M. B. B. B.

(24) State whether Physician or Midwife

midwifePineville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

(28)

Local Registrar

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