

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.

cCav. of Columbia.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of ..... or Inc. Town of ..... or City of <u>Charleston</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		Amended P-1 JUL 19 1979 File No.—For State Registrar Only <u>75962</u>	
(2) Full Name of Child <u>Baby Sweetman</u>		Registration District No. <u>13</u>		Registered No. <u>939</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in case of twins or triplets</i>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6 1966</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Robert England Sweetman</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Thia Tildana Crier</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Folly Hill S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Electrician</u>			(19) OCCUPATION <u>Home Work</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M.D. M. D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>187 Calhoun St.</u>					
Given name added from a supplemental report ..... 191...			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>9/9</u> ..... 191... (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