

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18553

County of

Township of

or  
Inc. Town ofor  
City of

Registration District No.

Registered No.

or use of Local Registrar

No. 331 N. Main St. Row

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 SEX OF CHILD

girl

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married?

7 DATE OF BIRTH

June 29, 22

To be answered only in event of Twins or Triplets

## FATHER

8 FULL NAME

Daniel James

9 PRESENT POSTOFFICE OF FATHER

Florence

10 COLOR OR RACE

white

11 AGE AT LAST BIRTHDAY

23

12 BIRTHPLACE

Breth Carolina

13 OCCUPATION

R R

14 NAME BEFORE MARRIAGE

Ethel Bertha Donkey

15 PRESENT POSTOFFICE OF MOTHER

Florence

16 COLOR OR RACE

colored

17 AGE AT LAST BIRTHDAY

21

18 BIRTHPLACE

S C

19 OCCUPATION

Domestic

20 Number of children born to mother, including present birth

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... at.... on the date above stated.

alive at 12 noon

(23) (Signature)

Hannah Cannon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Westville

Given name added from a supplemental report

(26) Witness

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

(27) Date

June 30, 22 C. C. Crafted

Local Registrar

When there was no attending physician or midwife, 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 fourth month of pregnancy.