

(1) PLACE OF BIRTH

County of Wayne
Township of East
or
Inc. Town of
or
City of East

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

(2) Full Name of Child.

2000 1000 500 0

File No.—For State Registrar Only

~~5306~~

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

Registration District No. 4003

Registered No. 12
(For use of Local Registrar)

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(5) **Are Parents Married?**

(7) DATE OF

BIRTH Dec 6 1922
(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER.

(10) COLOR OR RACE

12) BIRTHPLACE

(13) OCCUPATION

20. Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(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 _____ at _____ M.
on the date above stated. (Born alive or stillborn) (Hour of day, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(26) **Witness**

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

(S) F1-1

cc 20 1922

(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.

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