

PLACE OF BIRTH

County of _____
 Township of _____
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

23320-A

Registered No. _____
 (For use of Local Registrar)

Ward _____

(No. _____ St. _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

If child is not yet named, make
 supplemental report as directed.

2. FULL NAME OF CHILD

Mary Ruth Warbright

3. Date of birth July 23, 1922
 (Month, day, year)

4. Twin, triplet, or other _____
 5. Number, in order of birth _____
 6. Premature _____
 7. Are Parents Married? Yes

FATHER
 Full name _____
 Residence (usual place of abode) _____
 (If non-resident, give place and State) _____

Color or race _____
 12. Age at last birthday 27 (Years)

Birthplace (city or place) _____
 (State or country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

18. Full maiden name _____
 19. Residence (usual place of abode) _____
 (If non-resident, give place and State) _____

20. Color or race _____
 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) _____
 (State or country) _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Total time (years) spent in this work _____

28. Total time (years) spent in this work _____

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at _____ m. on the date above stated.
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Name added from _____
 supplemental report _____ (Date of) _____

Registrar _____

(Signed _____)

or _____

Address _____

Filed _____, 19 _____

Registrar _____