

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

4918

County of Alameda
Township of Calaveras
or
Inc. Town of
or
City of in a hospital or

State Board of Health
Registration District No. 3107

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

...St.;Ward)
ad of street and number.)
(If child is not yet named, make
elemental report as directed.

3. BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

DATE OF BIRTH June 12, 1922

MOTHER.

FATHER.

8) FULL NAME

93 PRESENT
POSTOFFICE
OF FATHER

13) COLOR
OR
RACE.

12 BIRTHPLACE

13. OCCUPATION

(11) AGE AT LAST BIRTHDAY

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(15) COLOR OR RACE

118) BIRTHPLAC

(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 alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. *Jas. Brown*
Address of Physician or Midwife

(23) (Signature)

(24) State whether

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) Witness (Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed 19 .. (28) Local Registrar.
 should make this return.

When there was no attending physician or midwife, then the father, householder, etc.
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.

If a child breathes even once, it is before the fifth month of pregnancy.

margin increased from binding.

WHITE PLAINS, WITH EXPANSION, IN THE AERIAL MOUNTAIN.

N. B.—A case of TWINING OR TWINING, NO. 2, etc., in question 6.

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