

(1) PLACE OF BIRTH

County of

Township of

Incl. Town

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. — For State Registrar Only

11155

Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

No

(5) Number by order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 2 22

(8) FATHER'S NAME

James Franklin

(9) PRESENT POSTOFFICE OF FATHER

Georgetown

(10) COLOR OF FATHER

Black

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter

(14) NAME BEFORE MARRIAGE

Clara Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown

(16) COLOR OF MOTHER

Black

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living (including present birth)

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Alive

(on the date above stated)

(23) (Signature)

Charlotte T. T. T.

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Midwife

(26) Name of child (from as reported by mother)

James Franklin

(27) Witness

Mar 22

(28) (Signature of Witness necessary only when question 27 is signed, see mark)

Mrs R. J. King

Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If no child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.