

(1) PLACE OF BIRTH

County of

Township of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41591

Registration District No. 1107

Registered No. 180

(For use of Local Registrar)

(2) Full Name of Child. Eleanor H

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

(3) SEX OR
SEX?(4) Twin
or triplet?(5) Number in
order of birth

To be answered only in case of twins or triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME(14) NAME BEFORE
MARRIAGE(9) PRESENT
POSTOFFICE
OF FATHER(15) PRESENT
POSTOFFICE
OF MOTHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(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 Alive at 5 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Barber

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

110723

(28)

P. T. Tarnade

Local Registrar

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.