

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Campbell  
 or  
 In Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

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

No. 12.—For State Registrar Only

33885

Registration District No. 4-10-10 Registered No. 70  
 (For use of Local Registrar)

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

(2) Full Name of Child Robert Albert (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 7 (7) DATE OF BIRTH Sept 28  
 To be answered only in case of Twin or Triplet (Month of Birth) (Day) (Year)

## FATHER.

(8) NAME Ray Albert  
 (9) PRESENT RESIDENCE Fingerville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20  
 (Year) (12) OCCUPATION mill hand

## MOTHER.

(13) NAME BEFORE MARRIAGE Marie Malone  
 (14) PRESENT RESIDENCE OF MOTHER Fingerville S.C.  
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 21  
 (Year) (17) BIRTHPLACE S.C.  
 (18) OCCUPATION house wife

(19) Number of children born to mother, including present birth 1

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive ..... at 10 ..... P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. B. Wilson M.D.  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician Sumner S.C.

Give name added from a supplemental report

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

(26) Filed ..... (27) Local Registrar

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