

(1) PLACE OF BIRTH

County of Bamberg.....
 Township of
 No. of
 No. of
 City of Bamberg.....
 (If birth occurs in a hospital or other institution, give name of place instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
BUREAU OF VITAL RECORDS
State Board of Health

REGISTRATION NUMBER
31039

35

Registered No. **35**.....
(For use of Local Registers)

(2) Full Name of Child

(a) <u>Male</u>	(b) <u>Female</u>	(c) Number of order of birth In case of multiple birth, give name and order of birth of firstborn	(d) <u>Male</u>	(e) <u>Female</u>	(f) Date of birth..... <u>Oct 26, 1929</u>
PATERN			MOTHER		
(g) <u>Mr.</u>	(h) <u>Mr.</u>	(i) <u>Mr.</u>	(j) <u>Mr.</u>	(k) <u>Mr.</u>	(l) <u>Mr.</u>
(m) <u>P. A. Carroll Jr</u>	(n) <u>Bell Williams</u>	(o) <u>Bamberg</u>	(p) <u>Bamberg</u>	(q) <u>White</u>	(r) <u>White</u>
(s) <u>Bamberg</u>	(t) <u>Bamberg</u>	(u) <u>White</u>	(v) <u>White</u>	(w) <u>Bamberg</u>	(x) <u>Domestic</u>
(y) <u>Cotton Mill Hand</u>	(z) <u>Domestic</u>				

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 活.....
on the date above stated.

(23) (Signature) Robert L. Taylor

(24) State whether physician or midwife

(25) Address of Physician or Midwife

midwife

Given name added from a subsequent
report

(26) Witness

(Signature of witness necessary only
when question 28 is signed by mother)

(27) Date Oct 29, 1929

(28) Local Registration No.

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 stillborns
before the fifth month of pregnancy.