

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.

Form 5-4

DEPARTMENT OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH
County of Colleton
Township of Warren
or
Inc. Town of.....
or
City.....

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

File No.—For State Registrar Only
33936

Registration District No. 1410 Registered No. 7-9
(For use of Local Registrar)

(No. St.; Ward)
(1. birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL?	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH..... 19.. 2 (Name of Month) (Day) (Year)
8) FATHER. FULL NAME..... PRESENT POSTOFFICE OF FATHER..... COLOR OR RACE..... BIRTHPLACE..... OCCUPATION..... Number of children born to mother, including present birth <u>1 4</u>			MOTHER. 14) NAME BEFORE MARRIAGE..... 15) PRESENT POSTOFFICE OF MOTHER..... 16) COLOR OR RACE..... 17) AGE AT LAST BIRTHDAY..... 5 0 (Years) 18) BIRTHPLACE..... 19) OCCUPATION..... 21) Number of children of this mother now living, including present birth <u>1 4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature).....

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Summers St

Given name added from a supplemental report

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

(27) Filed Nov 1 19.. (28) Mattie Kinsey
Local 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.

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