

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Y. 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.

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

File No.—For State Registrar Only
31879

(1) PLACE OF BIRTH

County of Rockland.....

Township of

Inc. Town of.....

City of Columbia

Registration District No.....

Registered No.
(For use of Local Registrar)

(No. 1112 Green St.; 1 Ward)
(Name of same instead of street and number.)

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

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin

(5) Number in order of birth

(5) Are Parents Married?

DATE OF

BIRTH.....April 9.....1322
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(15) COLOR OR RACE

(18) BIRTHPLACE

(18) OCCUPATION

(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 Adrian (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
Heidi LaBorde

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) **Witness**

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

(27) Filed 19 (23) Local Reg'strar.
..... this return.

***** 19 ****
Registrar

(27) Filed *****

Local Reg-...

*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.

must not be reported as stillborn, before the fifth month of pregnancy.