

(1) PLACE OF BIRTH

County of Richland
 Township of Richland
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 2-101

File No.—For State Registrar Only

38493Registered No. 199
(For use of Local Registrar)

(No.) (Ward)

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

(2) Full Name of Child Baby English

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

(3) BOY OR GIRL 1 (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH 9 14 1925
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest English
 (9) PRESENT POSTOFFICE OF FATHER London 20
 (10) COLOR OR RACE " (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE London 20
 (13) OCCUPATION Shaver

MOTHER.

(14) NAME BEFORE MARRIAGE Wife James
 (15) PRESENT POSTOFFICE OF MOTHER London 20
 (16) COLOR OR RACE " (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE London 20
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife London 20

(Given name added from a supplemental report)

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

(27) Filed 1925 (28) 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.