

School of Columbia, Columbia, S. C.

3548

State Board of Health

(For use of Local Registrar)

100

(No.

1994

(No.

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

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

(7) DATE OF

Work

BIRTH 7-2-9-23
(Name) (Month) (Day) (Year)

MOTHER.

Massie Kil...

dark in - so

(17) AGENT LAST
BIRTHDAY...

CONFIDENTIAL

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

(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.)

(35) Address of Physician on M-1410:

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

Ch. 19

*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.